



**Nottinghamshire County Council**

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**Education Committee**

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**ANNUAL REPORT**  
OF THE  
**PRINCIPAL SCHOOL MEDICAL OFFICER**

**C. W. W. JEREMIAH,**  
M.R.C.S., L.R.C.P., D.P.H.

**FOR THE YEAR**  
**1960**

HEALTH DEPARTMENT,  
SHIRE HALL,  
NOTTINGHAM.

Telephone: 55024 (Central Office)  
54285 (School Health)

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Nottinghamshire County Council

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Education Committee

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# ANNUAL REPORT

OF THE

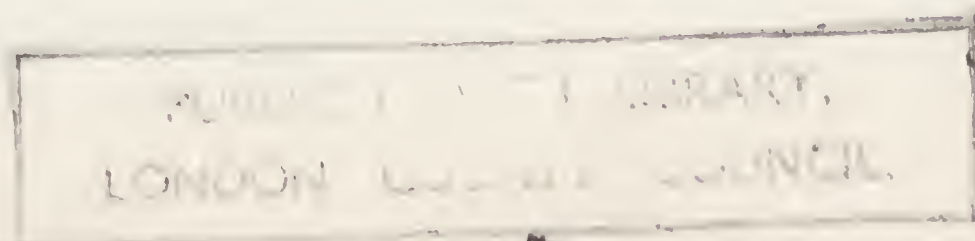
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**C. W. W. JEREMIAH,**  
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FOR THE YEAR  
1960

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61 - AUG 1961

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**EDUCATION COMMITTEE\****Chairman*

ALDERMAN A. THOMPSON

*Vice-Chairman*

COUNCILLOR MRS. A. PUGH

*Ex-Officio*

ALDERMAN W. BAYLISS, C.B.E., D.L.  
 ALDERMAN S. FARR  
 ALDERMAN F. A. SMALL

*Aldermen*

AINLEY, J.  
 BARBER, Sir Philip,  
     Bart., D.S.O., T.D., D.L.  
 CROCKER, H. J.  
 IRELAND, W.  
 QUIBELL, Mrs. K. A.

SHARRARD, Mrs. B.  
 STRETTON, J. H.  
 TAYLOR, Mrs. C. A.  
 TAYLOR, G. E., C.B.E.  
 TREECE, W. G.

*Councillors*

BARKER, G. E.  
 BARTLAM, R. A.  
 BEARDSLEY, Mrs. M.  
 BIRKS, A. L.  
 BODILL, W. S.  
 BONSER, J. D.  
 BOSWORTH, A. H.  
 BRAMLEY, L. J.  
 BURKE, S.  
 CORNES, G.  
 DUNN, H. B.  
 ELLIS, J. E.  
 GOWAN, I. L.  
 GREEN, A.

HARRISON, F. W.  
 HORTON, H. E.  
 HUDSON, F., B.E.M.  
 LEWIS, T. J.  
 LITTLEWOOD, A.  
 PEATFIELD, J. W.  
 POLLARD, B.  
 POUNDER, A. J.  
 RICHARDSON, J. W.  
 RUDDER, F. N.  
 SKILLEN, S. J.  
 STRINGER, C. E.  
 WILSON, Mrs. F.  
 YATES, Mrs. E. A.

*Added Members*

MR. A. A. BOWKER  
 AIR COMMODORE W. C. COOPER,  
     C.B.E.  
 MR. A. H. DOWSE  
 MR. J. R. FISHER  
 PROFESSOR N. HAYCOCKS  
 MISS F. M. MILFORD

MR. V. G. PAIGE  
 REV. T. W. RICHARDSON  
 REV. FATHER H. THEODORE  
     SMITH  
 REV. G. H. SULLY  
 MR. A. WILCOX

**MEDICAL SERVICES AND ATTENDANCE AND WELFARE JOINT  
SUB-COMMITTEE\***

*Chairman*

ALDERMAN MRS. C. A. TAYLOR

*Vice-Chairman*

COUNCILLOR MRS. E. A. YATES

*Ex-Officio*

ALDERMAN W. BAYLISS, C.B.E., D.L.

ALDERMAN S. FARR

ALDERMAN A. THOMPSON

COUNCILLOR MRS. A. PUGH

*Aldermen*

IRELAND, W.

QUIBELL, MRS. K. A.

SHARRARD, MRS. B.

STRETTON, J. H.

TREECE, W. G.

*Councillors*

BEARDSLEY, MRS. M.

BODILL, W. S.

BOSWORTH, A. H.

GREEN, A.

HARRISON, F. W.

HORTON, H. E.

HUDSON, F., B.E.M.

LEWIS, T. J.

STRINGER, C. E.

WILSON, MRS. F.

*Added Members*

MR. A. H. DOWSE

MR. J. R. FISHER

MR. A. WILCOX

\*31st December, 1960



## STAFF

The following is a list of personnel employed whole-time or part-time in the School Health Service on the 31st December, 1960 :—

*County Medical Officer and Principal School Medical Officer—*

C. W. W. JEREMIAH

*Deputy County Medical Officer and Deputy Principal School Medical Officer—*

A. R. C. MARGETTS

*Senior Administrative Medical Officer—*

R. S. MALE

*Assistant County Medical Officers and Medical Officers of Health of County Districts—*

E. BEBBINGTON	Beeston and Stapleford Urban District.
J. D. CARROLL	Mansfield Woodhouse and Warsop Urban Districts.
C. CROSS	West Bridgford Urban and Bingham Rural Districts.
J. S. DRUMMOND	Mansfield Borough.
J. V. LOUGHLIN	Kirkby-in-Ashfield Urban District.
M. B. McCANN	Worksop Borough and Worksop Rural District.
H. D. B. NORTH	Newark Borough, Newark Rural and Southwell Rural Districts.
W. R. PERRY	Eastwood Urban and Basford Rural Districts.
H. D. H. ROBINSON	Arnold and Carlton Urban Districts.
T. M. B. ROHAN	Hucknall Urban District.
G. TATTERSALL	East Retford Borough and East Retford Rural District.

*Assistant County Medical Officer and Deputy Medical Officer of Health of County District—*

M. GIBBS                      Mansfield Borough.

*Senior Clinical Medical Officers—*

MISS J. BOARD	A. J. JOHNSON
MISS E. DOUGLAS	N. D. PATON
MRS. K. HAIGH	

*Assistant County Medical Officers—*

*Whole-time—*

MRS. D. R. BROOK                      MRS. J. GOLDSBROUGH

*Part-time*

H. L. BARKER	G. R. DAVIES
MRS. I. M. BUCKLE	MRS. P. M. GRAY
R. N. COLLEY	MRS. M. J. GRICE
MRS. M. R. COOKE	MRS. M. C. JEFFRIES
MRS. L. M. CRAM	MRS. K. M. MORTON

*Children's Psychiatrists* (part-time service provided by the Sheffield Regional Hospital Board)—

T. A. RATCLIFFE

MRS. E. ARKLE

*Paediatricians* (part-time service provided by the Sheffield Regional Hospital Board)—

A. C. BLANDY

MRS. M. EASTWOOD

*Ophthalmologists* (part-time service provided by the Sheffield Regional Hospital Board)—

A. HAMILTON BOOTH

W. T. C. LUMLEY

H. FRASER

G. E. ROBINSON

H. GOLDSMITH

N. M. WATTERS

*Visiting Orthopaedic Surgeon to the Thieves Wood Special School—*

W. WAUGH

*County Dental Officer and Principal School Dental Officer—*

D. E. MASON, O.B.E.

*Orthodontist—*

J. I. MCCracken

*School Dental Officers—*

*Whole-time*

MISS M. ARMITAGE

S. MELLOR

MISS C. E. BRIDE

C. STURE

MRS. A. M. E. FERGUSON

B. J. SWYER

MISS A. KAVANAGH

*Part-time*

MISS S. I. ANDREW

G. PEARSON

MRS. M. J. S. HUNTER

J. E. PRESTON

D. P. JAMES

A. J. ROLFE

MRS. I. M. KEATES

M. SAVAGE

MRS. S. M. KENNEDY

(Vacancies equal to approximately twelve School Dental Officers)

*Senior Speech Therapist—*

MISS M. E. CROAD

*Speech Therapists—*

MISS D. E. ASTLE

MISS A. P. PALMER

MISS R. A. BAKER

MISS F. H. SMITH

MRS. J. M. E. BREWER

Two Vacancies

MISS M. JAMES

*Educational Psychologists—*

R. B. CLAIBORNE

MRS. J. D. CUMMINGS

One Vacancy

(part-time)

*Senior Psychiatric Social Worker—*

MISS N. M. GATELY

*Psychiatric Social Workers—*

Three Vacancies



*Play Therapist—*

Vacancy

*Audiometricians—*

MRS. M. MORGAN

MISS M. TORRANCE

*Superintendent Health Visitors—*

MISS E. BOWLER

MRS. C. J. MCHENRY

MISS A. COLLISHAW

*School Nurses (Whole-time)—*

MRS. Z. F. CHURCHWARD

MISS N. J. LEWIS

MRS. D. O. COCKAYNE

MISS J. REED

MRS. E. CUMMING

MRS. G. I. SANDERSON

MRS. E. M. GLASBY

MRS. J. E. SIMPSON

MRS. B. J. HICKLING

MISS V. E. WALLBANK

MRS. L. HILL

*Health Visitors (Combined duties)—*

MISS E. M. ADAMSON

MRS. A. T. KING

MISS E. M. AMERY

MRS. M. J. LAMBERT

MRS. F. ANDREWS

MISS R. V. LILLEY

MISS A. BACON

MISS S. M. LILLEY

MISS E. M. BALL

MRS. P. A. LINDSAY

MRS. W. M. BARKER

MRS. D. LINSKEY

MRS. A. A. BARNACLE (part-time)

MRS. A. L. LUCE

MRS. C. A. BAYLEY

MISS C. MOORE (part-time)

MISS G. R. BRET LAND

MISS E. MOORE

MISS P. A. BROADBENT

MISS S. NELMES

MISS M. S. BROWNE

MISS N. E. PARKER

MISS M. B. BUSBY

MISS J. PERCIVAL

MRS. M. G. CALLAWAY

MISS M. PUGH

MISS D. M. S. COLLINS

MISS E. RIDLEY

MRS. I. CLEGHORN

MISS J. E. ROBERTSON

MRS. R. M. COLLINS

MRS. E. J. ROWLAND

MRS. A. COOPER

MRS. L. RUSSON

MISS J. M. COOPER

MISS D. RUTLAND

MISS B. V. W. COTTARD

MISS J. A. RYDER

MRS. B. M. CUNNINGHAM

MRS. E. SADLER

MISS P. M. DABELL

MRS. S. J. SANDERS

MISS E. L. ELMES

MISS M. E. SCHOFIELD

MISS E. ELSWORTH

MISS J. S. SCOTHON

MRS. P. D. FARRANDS

MISS K. M. SELBY

MISS L. E. FLETCHER

MRS. M. SEYMOUR

MISS E. FRAZER

MRS. E. M. SHEARDOWN

MISS M. E. GARNER

MISS R. A. SMITHURST

MISS J. GATES

MISS J. STEPHENSON

MISS J. M. GOODWIN

MISS C. M. THORN

MRS. M. E. HALEY

MISS S. WATSON

MISS J. M. HALL

MISS A. E. WEAVER

MISS J. HEEKS

MISS R. H. WHITEHEAD

MISS J. HILL

MRS. S. A. WORRALL

MRS. K. J. HINDS

MISS F. A. WRIGLEY

MRS. D. M. JEFFORD

MRS. E. YOUNG

*Assistant Clinic Nurses (Combined Duties)—**Whole-time*

MRS. A. BECKETT

MRS. M. HANES

*Part-time*

MRS. A. L. CRESWELL

MRS. E. D. LEE

MRS. P. L. ELY

MRS. M. E. NOLAN

MRS. M. A. HOPWOOD

MRS. S. A. OADES

MRS. B. HOUGH

MRS. D. M. PLESTER

MRS. I. M. LANDER

MRS. N. RATHBONE

*Physiotherapist—*

MISS P. A. CRISP

One Vacancy

*Dental Nurse—*

MISS A. M. WATERLAND

*Dental Attendants—**Whole-time*

MISS B. D. BRIAN

MRS. K. QUINN

MISS E. T. CRISP

MISS G. SEARBY

MRS. C. GOULDER

MISS J. STENSON

MISS S. HIND

MRS. M. E. STOREY

MRS. B. PASS

*Part-time*

MRS. A. M. BURLEY

MRS. B. M. HIGHAM

MRS. M. R. FOWLER

MRS. M. M. SELLARS

(Vacancies equal to approximately twelve Dental Attendants)

*Dental Laboratory Staff—**Chief Technician—*

N. HAWKINS

*Senior Technicians—*

N. COOK

B. C. HINSLEY

D. V. DAVIES

*Dental Technician—*

Vacancy

*Apprentice Dental Technicians—*

A. ALLSOP

One Vacancy

*Lay Administrative Assistant and Chief Clerk—*

W. L. RICHARDSON

*Senior Administrative Assistant—*

E. GILLOTT

*Other Clerical Staff—**Senior Clerk, School Health Service—*

W. R. CLEMENS

*Assistant Senior Clerk, School Health Service—*

T. E. HOBBS

*Other Clerical Staff employed on School Health Service duties*

.....



The following changes of staff occurred during the year :—

APPOINTMENTS		TERMINATIONS	
Name	Date	Name	Date
<i>Assistant County Medical Officers and Medical Officers of Health of County Districts—</i>			
G. Tattersall .....	1. 2.60	P. Brodbin .....	1. 1.60
(vice Miss R. C. Barker)			
T. M. B. Rohan .....	2. 5.60		
(vice P. Brodbin)			
<i>Senior Clinical Medical Officers—</i>			
		Miss U. Lawrie .....	8. 5.60
		Miss J. M. Cummins	7. 8.60
<i>Assistant County Medical Officers—</i>			
Mrs. J. Goldsbrough .....	12. 9.60		
(vice Miss U. Lawrie)			
Mrs. M. J. Grice .....	16. 5.60		
(Extension of appointment to include School Health duties)			
G. R. Davies .....	18. 5.60		
(Within establishment)			
Mrs. M. R. Cooke .....	14. 9.60		
(Within establishment)			
Mrs. K. M. Morton .....	18.10.60		
(Within establishment)			
<i>School Dental Officers—</i>			
C. Sture .....	2. 6.60	D. B. Doxey .....	18. 8.60
(Within establishment)			
Miss C. E. Bride .....	5.12.60		
(Within establishment)			
<i>Speech Therapists—</i>			
Miss R. A. Baker .....	29. 8.60	Mrs. S. Edwards .....	31. 5.60
(vice Miss P. A. Dakin)			
Miss A. P. Palmer .....	1. 9.60	Mrs. C. P. Potter .....	30. 6.60
(vice Mrs. S. Edwards)			
Miss D. E. Astle .....	12. 9.60	Miss C. M. Schofield .....	31. 7.60
(vice Mrs. C. P. Potter)			
Mrs. J. M. E. Brewer .....	26. 9.60	Miss L. Berry .....	30. 9.60
(vice Miss A. Elvins)			
Miss F. H. Smith .....	30. 9.60		
(vice Miss L. Berry)			
<i>Educational Psychologist—</i>			
		M. C. E. Shearn .....	1. 1.60
<i>Senior Psychiatric Social Worker—</i>			
Miss N. M. Gately .....	1. 9.60		
(vice Miss I. J. Westheimer)			
<i>Psychiatric Social Worker—</i>			
		Mrs. S. M. H. Davies .....	30. 9.60

APPOINTMENTS		TERMINATIONS	
Name	Date	Name	Date
<i>School Nurses—</i>			
Mrs. B. J. Hickling .....	4. 1.60	Mrs. E. G. Greer .....	1. 1.60
(vice Mrs. E. G. Greer)			
Mrs. E. M. Glasby .....	3. 8.60	Mrs. W. Evans	
(vice Mrs. W. Evans)		(deceased) .....	29. 2.60
<i>Health Visitors—</i>			
Miss C. Moore .....	1. 2.60	Miss N. J. Webb .....	17. 1.60
(Within establishment)			
Mrs. C. A. Bayley .....	1. 4.60	Mrs. I. Long .....	31. 1.60
(vice Mrs. I. Long)			
*Miss J. A. Ryder .....	14. 4.60	Miss R. E. Barnes .....	31. 3.60
(vice Mrs. E. G. McCormick)			
Mrs. A. A. Barnacle .....	2. 5.60	Mrs. A. M. Eley .....	31. 5.60
(Within establishment)			
Miss D. M. S. Collins .....	2. 5.60	Mrs. E. G. McCormick	31. 7.60
(vice Miss N. J. Webb)			
Miss F. A. Wrigley .....	30. 7.60	Mrs. E. M. Short .....	11. 8.60
(vice Miss O. Revill)			
*Miss S. Nelmes .....	1. 8.60	Miss O. Senior .....	14. 8.60
(Within establishment)			
*Miss M. S. Browne .....	1. 8.60	Mrs. I. Cleghorn .....	31.10.60
(vice Miss E. C. Taylor)			
*Miss K. M. Selby .....	1. 8.60	Miss F. A. Jones .....	31.10.60
(vice Miss G. E. Johnston)			
Miss E. M. Ball .....	2. 8.60		
(vice Miss R. E. Barnes)			
Miss R. V. Lilley .....	5. 9.60		
(vice Miss O. Senior)			
Miss L. Russon .....	3.10.60		
(vice Mrs. A. M. Eley)			
*Former Pupil Health Visitor			
<i>Assistant Clinic Nurses</i>			
Mrs. M. A. Hopwood .....	18. 7.60	Miss J. A. Ryder .....	13. 4.60
Mrs. B. Hough .....	1. 9.60	(Qualified as Health	
Mrs. A. L. Creswell .....	5. 9.60	Visitor)	
Mrs. P. L. Ely .....	5. 9.60		
Mrs. E. D. Lee .....	5. 9.60		
Mrs. S. A. Oades .....	5. 9.60		
Mrs. D. M. Plester .....	5. 9.60		
Mrs. A. Beckett .....	12. 9.60		
Mrs. I. M. Lander .....	12. 9.60		
Mrs. N. Rathbone .....	3.10.60		
Mrs. M. E. Nolan .....	29.11.60		
<i>Dental Attendants—</i>			
Mrs. M. M. Sellars .....	15. 7.60	Miss M. E. Joynes .....	29. 3.60
<i>Dental Laboratory—Senior Technician—</i>			
		F. Annable .....	4. 9.60



## NOTTINGHAMSHIRE COUNTY COUNCIL

HEALTH DEPARTMENT,  
SHIRE HALL,  
NOTTINGHAM.

April, 1961.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE OF THE  
NOTTINGHAMSHIRE COUNTY COUNCIL.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the School Health Service for the year 1960.

Although it is frequently said that time and expense are wasted in the examination of the apparently fit child during the process of the School Medical Inspection of children in the "routine" age groups, Entrants, Intermediates and Leavers, study of the body of the Report will disclose a yield of clinical interest arising therefrom.

The substance matter of this review of the year's work, particularly so far as the Statistics are concerned, is designed to meet the requirements of the Ministry of Education and, perhaps more importantly, to act as a source of information to the members of the County Council and others directly or indirectly associated with the School Health Service.

Though we adhere to the pattern of service which has existed for so many years, changes are constantly taking place. Medical, Dental, Nursing and Auxiliary Staffs are never static, and new ideas, new approaches, are repeatedly arising from staff changes.

The comments of the School Medical Officers and others included in the Report will exemplify this and particular attention is drawn this year to the comments submitted by Dr. Male on the Committee's arrangements for the care and education of Handicapped Children. Their ascertainment is one of the major responsibilities of the School Health Service and special facilities for their education—of the Education Committee.

Changes arise, too, as a result of public enlightenment on matters of hygiene ; improved economic conditions and living standards.

In my recollection, School Clinics were crowded with children suffering from infectious skin conditions and minor ailments. They were truly Minor Ailment Clinics and, though perhaps erroneously, are still described as such.

With the passage of years, they have more appropriately become Consultation Clinics where a mother can bring her child for that "second opinion" which has always been so fundamental—if not always so convincing—a feature of clinical medicine.

The comments of Dr. Currie focus attention on this aspect of our work.

Routine examination by Doctors and Nurses, with follow up of those with defects, has brought its reward in the greatly improved cleanliness, health and vigour of our school children.

One looks back to 1930, when 9.1 per cent. of girls showed evidence of verminous infestation and the concomitant evidence of dirt and neglect—impetigo—was recorded in 1,568 cases.

During 1960, these figures were 3.45 and 114 respectively.

Our school medical responsibilities may on occasion give rise to disturbance of normal school routine and equally may involve duplication of available resources for medical treatment, but, in this connection, we have to acknowledge the tolerance extended to us in both educational and medical circles.

Regrettably, our Service still suffers from shortage of staff, particularly in the dental field and attention is drawn to this in Mr. Mason's contribution to the Report.

Attention is also directed to shortages in the establishment of Speech Therapists, Educational Psychologists and Psychiatric Social Workers; the last two categories so badly needed in our Child Guidance Service.

Full tribute must be paid to the Regional Hospital Board's Consultant Psychiatrists, Dr. T. A. Ratcliffe and Dr. E. Arkle, for the manner in which they have sustained so positive a service with so little ancillary help.

It is little comfort to a depleted service to know that shortages of the professional workers described are being felt nationally and that their effects are not peculiar to Nottinghamshire.

Amongst staff matters, record should be made of the fact that Dr. Janie Cummins retired on the 7th August, 1960, having served the Council for some thirty-one years. Her valedictory contribution to my last Report adequately pointed to the satisfaction she had found in our branch of the Public Health Service.

Happily, in times of medical staff shortage, we are to benefit from her continued help in a part-time capacity.



Once more I must emphasise that my introduction to the Report is no more than a lead into its more important information—the variety and record of the work done during the year and the comments of those engaged in it.

I acknowledge with thanks the co-operation of our colleagues in the educational and medical fields, and once more would express my personal appreciation to Dr. Male and the School Health Section of my Department for their able supervision and guidance of the detailed work of the Service.

To the Chairman and Members of the Education Committee I again extend my gratitude for their interest in our work and for their helpful understanding of our problems and endeavours.

I am, Ladies and Gentlemen,

Your obedient Servant,

C. W. W. JEREMIAH.

## HANDICAPPED PUPILS

The work of the School Health Service in the field of curative as opposed to preventive medicine tends to be centred more and more on the handicapped pupil. We all surely accept that every child has a right to be helped to attain the height of achievement possible for him.

On the purely practical level, a handicapped pupil who can be educated to such a standard that he is able to live an independent life will save the community far more than it spends on his education. If, as is sometimes the case, the handicapped child is unable to earn his own living the education which he receives will enable him to enjoy more fully such life as he is able to live.

It seems an appropriate moment to review briefly the work being done for handicapped children in this County.

It is the duty of the Principal School Medical Officer to ascertain handicapped children from the age of two onwards, so that proper arrangements can be made for their education. In practice, almost all handicapped children become known to the Health Department much earlier than two years of age and in many cases, as with deaf children, treatment should have started long before two.

Very great care is taken that the advice given to the Director of Education on the need for special education is the best possible. The child is examined in his own home by one of the Authority's Medical Officers and the possibility of special education discussed with parents. The hospital Consultant is approached for his views and I should like to express my gratitude for the help which I invariably receive from the Consultants in these cases. The child's General Practitioner is also kept informed and in this way I have available to me a complete picture of the child and his disabilities. Where the child may be expected to attend an ordinary school, I arrange for one of the Medical Officers to call and see the Head Teacher concerned to try to obtain his co-operation and to make sure that the school is able to take the handicapped child.

All handicapped children attending special schools outside the County are seen by my Medical Officers once yearly to assess their prevailing medical condition and their need for continued special school care.

The handicap which has probably received most attention over the years is that of blindness. Blindness is a condition which is noticed early. At one period the medical and educational advice was that children should be taken to special schools as soon as possible to begin



training and it was not unusual for children to go from good homes soon after the age of two to residential nursery schools. It is now realised that a sensible mother, with help from Home Teachers and Health Visitors, is able to manage a blind child until the age of five and by so doing enables the child to stay in its own home and enjoy the love and affection which is inevitably so much greater than any school can give. Once the age of five is reached, a residential school becomes necessary because it is not possible to manage the problems of educating a blind child in an ordinary school. Most Nottinghamshire children go to blind schools in Birmingham or Sheffield, and every effort is made by the Director of Education to obtain a place for these children within reasonable distance of their homes.

Partially sighted children, i.e., children with poor vision who are still able to benefit from education by means of sighted methods, can in the majority of cases be managed in the ordinary schools, with a little extra help. A few whose vision is very defective cannot manage this, and they have to be educated in some form of special school. County school children normally go to the Exhall Grange Special School in Warwickshire. This school is now the equivalent of a partially sighted comprehensive school in the sense that it is able to provide education of the Grammar School, Technical School, Modern School, and Educationally Sub-Normal School standards.

Nottinghamshire has done a considerable amount of pioneer work with the deaf and partially deaf children. The Health Committee have set up an organisation which is geared to find, as early as possible, children who may have defective hearing and preferably within the first year of life. Children are referred to Consultant Ear, Nose and Throat Surgeons, fitted with hearing aids and given special training in their own homes in order to enable them to make the best use of any hearing they may have so that they may learn how to speak. Deaf children are only dumb because they have never been able to hear speech and almost all can be taught to speak. In 1961, it is hoped that a teacher of the deaf will be appointed who will be able to visit the schools in the County to help these deaf children over their difficulties.

Where children are so deaf that they cannot be managed in the ordinary schools—and it may be said that we have children in some County schools who are very deaf indeed and who are being managed very well with the help and sympathy of the teaching staff—then they must be admitted to a Special School. We are fortunate in having in the City of Nottingham a newly built school for the deaf which is a model of its kind. County children within a reasonable travelling distance of Nottingham are being admitted to this school. Where the deaf child lives too far from Nottingham then it is necessary for him to go away to residential school. Here again, the Director of Education is most careful to try and place the children within reasonable distance of their homes, and the schools which are the ones mainly used by this County are those in Doncaster and in Derby.

Partially deaf children can almost always be managed in ordinary schools. However, there are a few who in special circumstances cannot benefit properly from education without the special help which a residential school can give. These children are normally housed at the Needwood School, near Burton-on-Trent, again a school within easy reach of most parts of Nottinghamshire.

Children with severe speech defects are very few in number. The minor defects are dealt with by the Speech Therapists at the Clinics but the more severe defects do sometimes need more intensive treatment and this sometimes necessitates admission to the Moor House Residential School in Surrey which is the only one of its kind in the country.

The great majority of physically handicapped children should be educated in ordinary schools. There are children in this County with quite severe physical defects who, with the help of the teachers, are managing very well indeed. It is of great benefit to these children to be able to feel that they can compete on more or less equal terms with the fit, whilst the fit child in turn benefits by realising the difficulties of the physically handicapped.

The few children who need to be admitted to a Special School go to the Residential School for Severely Physically Handicapped at Thieves Wood; to the Berry Hill Open Air School in Mansfield, or to the Arboretum Day School which is run by the City of Nottingham. Thieves Wood specialises in the care of the more seriously handicapped children for which it was designed and a very high standard of nursing care is provided in addition to first rate teaching facilities.

Children with epilepsy are usually able to manage in ordinary schools. We know of 235 children in this County who suffer from fits and who are attending ordinary schools. These are usually easily controlled by appropriate drugs and it is quite rare for children to have fits in school. The occasional fit usually causes more distress to the adults than to the other children and certainly for the occasional fit no one would suggest that the children should go away to a Special School.

However, there are certain unfortunate children whose fits do tend to become more frequent and these need to go to Special Schools. The children are few in number and therefore it follows that only a few residential schools of this type are needed in the whole country. Unfortunately, these are some distance from Nottinghamshire, so that children have to travel to Maghull, near Liverpool or to Lingfield in Surrey.

The delicate child still exists, although fortunately in decreasing numbers. In the West Nottinghamshire Divisional Executive these children are very well provided for at the Berry Hill Open Air School. Generally, with the very great improvement in our school building, many schools have facilities which were limited to the Open Air School in the past.



A few children undoubtedly benefit from a period in the South of England away from the rather damp Midlands. Children with Asthma and frequent Bronchitis are very good examples.

The Committee uses schools in the South for this purpose. The problem is the difficulty and expense in which parents are involved in visiting these schools, and therefore I am reluctant to advise admission to this type of school unless it is absolutely essential.

The maladjusted child, whose behaviour is causing difficulty at home or at school, is referred in the first instance to the Child Guidance Clinic for full investigation. When it is felt that residential placement is necessary, the Grove Hostel, near Balderton, and the Orston House Hostel provided by the City of Nottingham are available.

There are a few maladjusted children whose problems are too great to be dealt with in this manner and the Shotton Hall Special School, near Shrewsbury, is used by the Director of Education for these children. Regular visits to the children at school are paid by the Child Guidance Clinic staff to check progress.

The mentally subnormal child is usually known to me through my Health Visitors long before the age of five years. When there is doubt whether the child will be able to attend school, I arrange for him to be fully assessed mentally and physically before he is due to start school.

In some cases it is obvious that he is not suitable for education and he is referred to the care of the Local Health Authority. In most cases he is given a trial at school and kept under regular review.

As these mentally subnormal children grow older, it becomes obvious that some of them will not be able to keep up with their comrades without some kind of special help. This can be given in the form of special tuition in their ordinary class, in a special small class or in a special school and the appropriate recommendation is made after consultation with the Head Teachers.

There are four Special Schools for the Educationally Subnormal children in Nottinghamshire, three residential and one day.

There is still a national shortage of places for these backward children but in Nottinghamshire the position will improve very greatly in the near future with the extensions at Hopwell Hall and the building of a new Day School in the West Nottinghamshire Divisional Executive area.

This is a very brief survey of the efforts made in Nottinghamshire to discover, treat and educate handicapped children. Success in this work can only be achieved through the co-operation of many people whose interest is the welfare of the child, and I count myself fortunate in the help which I receive both from the medical and educational sides. In particular, I am indebted to the Director of Education and his staff who give every possible assistance and co-operation in this work.

## DEATHS OF SCHOOL CHILDREN, 1960

## ACCIDENTAL

<i>Cause</i>	<i>Number</i>
Road Accident .....	6
Death by Drowning .....	1
Fall from a Tractor .....	1
Accident whilst playing in converted bus .....	1
Struck by Cricket Ball .....	1
Gunshot wounds .....	1
	<hr/>
	11
	<hr/>

8 boys 3 girls

## DISEASE.

<i>Cause</i>	<i>Number</i>
Malignant Disease	
Leukaemia .....	4
Cerebral Tumour .....	3
Wilm's Tumour .....	1
Osteogenic Sarcoma .....	3
Diabetes Mellitus .....	1
Congenital Heart Disease .....	4
Meningitis .....	1
Encephalitis .....	2
Pneumonia .....	1
Tetanus .....	1
Intestinal obstruction following intussusception	1
Werdnig Hoffman Disease .....	1
Peritonitis .....	1
Ulcerative colitis .....	1
	<hr/>
	25
	<hr/>

15 boys 10 girls



This information has been obtained from various sources and comprises all the deaths known to me. The accidental deaths are the most tragic since these children were in good health and might have been expected to live full lives. Road accidents are again responsible for the majority of the accidental deaths and greater care on the part of all road users is the only answer to the problem.

The death by drowning underlines the need for all children to be taught to swim, particularly in a County such as Nottinghamshire where the River Trent is close to a large proportion of the population. The cricket accident is one which one feels is always liable to happen in sport. It is very tragic but it is difficult to see how one can have children taking part in games without the occasional accident.

In the deaths from disease, the main cause was malignant disease in its various forms. Cancer does not only attack the elderly but with the great improvement which has taken place in the treatment of the infectious diseases it has become the most important cause of death in the young.

This County has already taken part in one extensive survey in order to try to find out a little more about the cause of one of the malignant diseases, leukaemia, and I am hoping that in 1961 we shall take part in another such survey.

There were three deaths from congenital heart disease. While surgery has made tremendous strides in this particular field, in the majority of cases it is not possible to give a normal heart to the child who has been born with a deformity. I think further progress will result from taking increased care of mothers during the early months of pregnancy, when these cardiac abnormalities arise, rather than from surgery.

The deaths from encephalitis and meningitis remind us that there are still cases where, with the best of treatment, it is not possible to combat severe infection.

## MEDICAL AND NURSING STAFF

### Medical Officers.

	No. of Medical Officers	Equivalent Whole-time Officers
Position at 31st December, 1959 .....	31	11.83
Position at 31st December, 1960 .....	34	11.58

Assistant County Medical Officers are engaged in clinical duties in connection with both the Maternity and Child Welfare and School Health Services.

During 1960, the medical staffing position has been rather difficult. Dr. Cummins, who had been with the County for some 30 years, retired in July, 1960. However, she has now returned to the staff in a part-time capacity. Dr. Lawrie, another of the Senior Clinical Medical Officers, left in May and Dr. Brodwin, who was Medical Officer of Health of Hucknall, left in the early part of the year. In addition, one Medical Officer was absent for four months on maternity leave, and two attended the course of instruction in the ascertainment of the educationally sub-normal. Although at the end of the year there was a full staff, it has meant that averaging the year as a whole, there has been one vacancy. This inevitably has had its effect on the number of medical inspections carried out.

### Nursing Staff.

Superintendent engaged Health duties	Health part-time .....	Visitors in .....	School 3	} together give an equivalent of 34.28 whole-time School Nurses.
Full-time School Nurses		.....	11	
Health Visitors engaged bined duties .....	engaged .....	in .....	com- 70	
Assistant Clinic Nurses engaged in combined duties .....		engaged .....	in 12	

With regard to School Nurses and Health Visitors engaged in school work, there has been very little change during the year. However, we have been glad to have the assistance of some twelve Assistant Clinic Nurses, who give approximately a quarter of their time to school work. These Assistant Clinic Nurses are all State Registered Nurses, and are well qualified to do the more routine work of the School Health Service. They attend to assist the Doctors at the School Clinics, they carry out hygiene inspections, and they undertake the routine eye testing. They have proved a very valuable asset, since by their work the Health Visitors have been able to be released from some of their more routine duties, and have been able to carry out the work for which they have been trained, that is the visiting of parents and children in their homes.



### SCHOOL POPULATION

Registration details on the 31st December, 1960, were as follows :—

Number of School Departments :—

Primary	.....	334
Secondary Modern	.....	63
Secondary Grammar	.....	16
Secondary Technical	.....	7
Total	.....	<u>420</u>

\*Number of Pupils on School Books :—

Primary	.....	54,472
Secondary Modern	.....	26,633
Secondary Grammar	.....	7,858
Secondary Technical	.....	2,898
Total	.....	<u>91,861</u>

\* Figures given are as at 1st September.

### MEDICAL INSPECTION

NUMBER OF PUPILS INSPECTED AT SCHOOLS DURING THE YEAR 1960,  
TOGETHER WITH THE COMPARABLE FIGURES FOR 1959.

	1960	1959
Entrants	8,934	9,995
Intermediates	8,121	13,865
Leavers	7,083	8,277
Other periodic inspections	1,435	2,121
Total	<u>25,573</u>	<u>34,258</u>
Specials	<u>7,679</u>	<u>8,388</u>
Grand Total	<u>33,252</u>	<u>42,646</u>

Percentage of school population examined in  
periodic age groups

27.8      37.3

SUMMARY OF SCHOOL DEPARTMENTS VISITED FOR PERIODIC MEDICAL  
INSPECTIONS.

	Inspection commenced and completed during 1960	Inspection commenced during 1960 but not completed at 31-12-60	No. of School Departments not visited during 1960
Primary .....	320	14	—
Secondary Modern.....	59	3	1
Secondary Grammar	7	7	2
Secondary Technical	5	2	—
	<hr/>	<hr/>	<hr/>
	391	26	3
	<hr/>	<hr/>	<hr/>

During 1960, 33,252 children were medically examined. This figure shows a drop on the previous year when 42,646 children were examined. The main reason for this was that over the year we were approximately one full-time Medical Officer short. It is very disappointing indeed to have to report this after such high figures in the previous three years, but the situation is not so serious as it might appear since as a result of the recent high figures for inspection we were completely up-to-date with the inspections at the beginning of 1960. I estimate that in the future it will probably be necessary to examine something in the nature of 37,000 children in any one year, and for that reason we have only fallen slightly behind our commitments.

The year 1961 has started very well indeed with the appointment of a further full-time Officer and, if the staff situation does not deteriorate, then one would hope that we should be able to show a higher figure for medical inspections in this year.

During the year, 1960, all schools were visited and inspections were carried out in all except three which were having building alterations. At the request of the teaching staff, arrangements were made to hold over the medical inspections in these schools. School Leavers were all seen, and with a few exceptions the examination of entrants was completed.

Dr. Johnson commented on his work during routine medical inspections :—

“ When reviewing the type of questions asked by parents at School Medical Inspections, I find I am at a disadvantage. I am on firmer ground when asked what type of parent asks questions. The older the child the less likely will the parent be to attend. Many parents will attend when entrants are being examined ; fewer when an intermediate examination is being made and probably very few parents will attend when leavers are being examined.



During the past year I have examined many children about to leave school, a few at the intermediate stage and very few infants. Two further factors are involved when considering the attendance of parents. Most of the infants will be accompanied by parents if there is a close liaison between the Head Teacher and the parents.

If a parent does take the trouble to attend at a School Medical Inspection, then she should be given the opportunity to discuss any problems and I invariably give her, for it is usually a mother, an invitation by asking if she has any worries or troubles over her child's health. If the problem is likely to be lengthy, I suggest she attends the School Clinic, explaining that more time would then be available. I find most mothers require no further information if the child has some unusual congenital or pathological condition, for the child is usually under the care of a consultant. Many of the responses I receive relate either to repeated respiratory infections and in particular to the common 'cold' or to the appetite of the child and this is regarded, and often incorrectly, as inadequate or capricious. Many parents appear to admire the rather fat child and show some anxiety over the lean wiry type of child, stating that although he eats well she cannot put any fat on him. It is most unfortunate that, when a child does show evidence of a major error in the quality of the diet, it is not often mentioned nor appreciated. Again it is most regrettable that so little attention is paid to the care of the teeth and complete indifference is shown when dental treatment is suggested.

I am often requested to advise on worm infestations but I find parents more often than not basing their beliefs on utterly untrustworthy indirect evidence relating to some peculiarity of the behaviour of the child.

Bedwetting is not always admitted and even a direct question may not elicit the truth. I feel sure the reason for this is that the parent has an inherent dislike to admitting the antisocial behaviour of the child. It is often not until the burden of the extra work involved becomes too great that advice is sought.

A reassuring statement made voluntarily to a parent may often unmask an anxiety concerning which she does not like to make enquiries. This particularly applies to the common condition of a single undescended testicle. The parent, aware of the condition from a previous examination, harbours the view that possibly impotence will occur at a later date. Reassurance that a single organ is all that is necessary evokes a sigh of relief and a smile.

Only the other day a boy aged fourteen and a half years while being examined at a 'leaver's' examination pointed to some very promising down on his upper lip and asked how he could get rid of it. 'For your next present, choose a razor,' was my reply—but I did enlarge on it and discussed the process of 'growing up.'"

Dr. Douglas comments :—

"The past year has seen little variation in the condition of children seen at routine medical inspections. On the whole, the

general condition keeps level and the increase in height and weight continues. One wonders if this is altogether a good thing, but only time will tell. The smaller, wiry children are so much more alert and active, and resistant to infections, especially of the upper respiratory tract. There is an old Scottish saying which I venture to quote : ' Guid gear gangs into little bulk ' and I view the increases, especially of weight, with some doubt.

Weight appears to be one of the main concerns of parents and their first question often is ' Is his weight all right ? ' It is very difficult to convince some that weight is influenced by so many other factors than the actual health of the child.

Certainly the number of frankly obese children seems to increase steadily—can one wonder when, wherever one goes, one sees adults as well as children chewing sweets ? Even babies are not immune and ' a bit of chocolate ' seems to be part of their diet when only a few months old.

Less exercise also may contribute to the excessive weight. Children walk less often, they prefer standing in bus queues to walking home—and the evening often is spent in front of a T.V. set. So many children, too, spend Saturday mornings in cinemas instead of exercising out of doors.

It is a pity that more parents do not attend with the older children, especially those who are leaving school. In Secondary Schools sometimes no parents are seen, or at the most three or four per session. In Grammar Schools the same applies but here very often distance from home is a factor.

Parents complain so frequently of their children's poor appetite, but it is surprising how little real evidence of this is elicited on further questioning. In fact, some of these are really overeating, with snacks and sweets, milk and sweetened fruit drinks between meals. The incidence of bedwetting does not appear to improve through the years and naturally causes a great deal of annoyance and worry to parents and to the children themselves. The use of the enuretic bell apparatus does seem to be of benefit and requests for these increase.

So much has already been said about footwear and foot defects that one hesitates to mention the subject. Orthopaedic Surgeons confess that it is useless arguing with a teenager about shoes, and one is left to scan fashion articles in the hope of finding there some hint that more ' natural ' shoes are on the way ' in.'

These are a few thoughts that occur to me—most have already been dealt with in previous reports, but they keep recurring and in the work of the School Health Service progress in any one year is not striking. It is only when one compares conditions with those of five to ten years ago that one appreciates the advances in the work."



Dr. Loughlin comments :—

“ As regards parents' questions, one of the commonest is ‘ Is the weight all right, doctor?’ Many parents seem to be pre-occupied with their children's weight and are happy when this is above average, but not so if average or below. Dental caries is perhaps the commonest condition but parents seem far more concerned about the size of their children's tonsils.

Another common enquiry is one about enuresis. Parents do not realise that one of the great natural wonders is that the vast majority of children are ‘ dry at night.’ ”

Dr. Currie comments :—

“ The most impressive feature of school medical inspections to-day is the lack of major defects in children examined.

In the first five years of school life, catarrhal complaints form the bulk of defects encountered. By this is meant post nasal infection leading to coughs, earache with Eustachian obstruction or frank otitis media, sinus affection, tonsillitis, bronchitis and localised atelectasis. Taken together, these complaints must account for a considerable proportion of absence from school in this age group and one wonders to what extent this universal picture is connected with the incidence of chronic bronchitis in later life.

As to a remedy, the tired, the excited and the excitable children seem highly susceptible ; in many cases, an extra hour in bed might make a difference to the chronicity of some cases.

Questions asked by parents frequently reflect a desire for a second opinion and the Medical Officer's reply is often greeted by the remark ‘ . . . yes, that's what my doctor said,’ or words to the effect that the other doctor said something quite different. Some questions reveal the present tendency to think of health as only involving an attack on the body by germs to which the Pharmaceutical Industry has an antidote if the doctor has sufficient sagacity to produce it. The idea that health may be dependent on a more complicated and more slowly developed pattern of individual resistance is so much less easy to accept, depending as it would seem to do on an admixture of genetic factors ; patterns of family life ; domestic harmony and wise employment of family resources. If the resultant of these various factors shapes the individual personality, it is difficult to see how, in modern times, medical advice alone can make a significantly favourable impression.”

The following table gives comparative statistics :—

Year	No. of Pupils Inspected			School Population	Percentage Inspected
	At Periodic Inspections	At Special Inspections	Total		
1935	14,326	9,665	23,991	52,173	45.9
1937	15,081	10,934	26,015	50,353	51.6
1947	14,575	7,374	21,949	66,789	32.8
1948	18,263	8,067	26,330	69,868	37.6
1949	15,583	7,333	22,916	72,199	32.7
1950	16,166	6,611	22,777	74,490	30.5
1951	10,594	3,003	13,597	76,992	17.6
1952	17,306	7,015	24,321	80,086	30.3
1953	12,683	5,574	18,257	83,197	23.1
1954	22,588	6,111	28,699	85,145	33.7
1955	24,075	9,389	33,464	86,829	38.5
1956	25,157	8,098	33,255	89,219	37.3
1957	27,540	10,473	38,013	90,990	41.8
1958	34,367	8,263	42,630	91,962	46.4
1959	34,258	8,388	42,646	91,848	46.4
1960	25,573	7,679	33,252	91,861	36.2

Medical inspection is, of course, always done in the child's own school wherever possible. There still remain a few schools where it is difficult to carry out a School Inspection and here arrangements are made to undertake it in nearby premises. Again I feel that I should record my appreciation of the help and tolerance of Head Teachers who, so often at great inconvenience to themselves, manage to make the School Medical Inspections very successful.

#### Defects discovered at Periodic Medical Inspection.

Of the pupils inspected in the periodic age groups, 14.76% were recorded as having defects requiring treatment. In 1959, the figure was 17.38%.

#### PERCENTAGE OF PUPILS REQUIRING TREATMENT DISCOVERED AT PERIODIC MEDICAL INSPECTION.

	1960	1959
Entrants	12.86	17.28
Intermediates	14.32	16.82
Leavers	16.25	17.84
All Groups	14.76	17.38



### Cardiac Register.

This is the third year of the Cardiac Register in which all cases of cardiac disease in school entrants are recorded and the following table summarises the results :—

Diagnosis	No. of Children
Patent interventricular septal defect	28
Interatrial septal defect	3
Pulmonary stenosis	10
Patent ductus arteriosus	7
Systolic murmur—no definite diagnosis yet made	20
Severe cyanotic heart disease	1
Fallot's Tetralogy	1
Rheumatic heart disease	3
Rheumatic carditis with mitral stenosis	1
	<hr/> 74 <hr/>

Of these children, seventy-two attend ordinary school, one attends a Day Open Air School and one is in attendance at a Private School. There are now seventy-four cases on the Register and of these, four are rheumatic in origin. There have been suggestions during the course of 1960 in the Medical Journals, that rheumatic fever and rheumatic heart disease were perhaps becoming slightly more common again. The reason for this has not been apparent but so far as these figures are concerned, there is no support for this theory. I think it is very worthy of notice that of all seventy-four children known to have some form of heart abnormality, only one is attending a school which has other than the ordinary facilities. It does show that in Nottinghamshire we are carrying into practice our belief that children should be educated in normal schools as far as possible. The recently published report of the Chief Medical Officer of the Ministry of Education for the years 1958 and 1959 includes the Nottinghamshire figures in a discussion of cardiac abnormalities.

The following are brief notes on some of the other conditions reported during 1960 :—

#### EYES.

There was no real change in the percentage of children showing defective vision. This has remained fairly stationary over the past seven or eight years.

#### CHILDREN EXAMINED IN PERIODIC AGE GROUPS.

	1953	1954	1955	1956	1957	1958	1959	1960
Percentage with defective vision	7.94	6.78	7.15	7.11	6.48	7.14	7.92	7.27

There were 334 cases of squint as compared with 560 the previous year. It is very tempting to suggest that part of the decrease in the number of cases of squint is due to the fact that Doctors and Health Visitors are much more on the lookout for squints at an early age, and that by the time children have reached school age treatment has been arranged. Certainly five years of age is late for treatment for squint to be commenced.

## NOSE AND THROAT.

There were 1,515 cases of chronic infection of the tonsils and/or adenoids and 413 were thought to be in need of active treatment. The remainder were referred for observation. Throughout the year, Medical Officers were asked to note whether children examined had had their tonsils removed and the following table indicates their findings in the various age groups :—

Age group	No. Examined	No. with Tonsils removed	Percentage of pupils with Tonsils removed
Entrants .....	8,934	305	3.4
Intermediates .....	8,121	1,099	13.5
Leavers .....	7,083	1,405	19.8

Tonsils and adenoids treatment is, of course, the responsibility of the Regional Hospital Board and I am indebted to the Hospitals for the following figures :—

## WAITING LIST ON 31ST DECEMBER, 1960 FOR OPERATIONS UPON TONSILS AND ADENOIDS.

Newark Hospital .....	32
Nottingham Children's Hospital .....	501
Nottingham General Hospital .....	64
Sutton-in-Ashfield, King's Mill Hospital .....	198
Retford and Worksop Hospitals .....	42
Total .....	<u>837</u>

## NUMBER OF OPERATIONS CARRIED OUT ON PUPILS AT INDIVIDUAL HOSPITALS DURING 1960.

Newark Hospital .....	119
Nottingham Children's Hospital .....	186
Nottingham General Hospital .....	192
Nottingham City Hospital .....	2
Sutton-in-Ashfield, King's Mill Hospital .....	532
Retford and Worksop Hospitals .....	187
Total .....	<u>1,218</u>

Towards the end of the year considerable difficulty was experienced at the Nottingham Children's Hospital owing, in the first instance, to building work at the hospital and later to shortage of nursing staff. It has now been possible to arrange, with the co-operation of Dr. Sprenger of the Nottingham City School Health Service, for some County children to have the operation for the removal of tonsils and adenoids at the City School Health Clinic in Chaucer Street. These new arrangements should enable us to reduce the waiting list in the Nottingham area.

## LUNGS.

This category totalled 494, including 130 due to asthma.



### General Condition.

The general condition of the children in the County as a whole remained very satisfactory. During the year, only 0.27% of the children were thought by Medical Officers to be, to some extent, in unsatisfactory general health. In previous years I have said that differing Medical Officers have differing standards and while one would like to say that there has been a drop in the percentage of children whose health is unsatisfactory, it is more probable that with the change of Medical Staff the standards of assessment will have changed slightly. There is still a small hard core of children who do not receive the physical attention and food which they need. In most instances, shortage of money is not the main difficulty but rather unwise use of the money which is available.

The following table shows the findings under the previous method of classification and those under the method adopted during 1956 :—

TABLE SHOWING THE GENERAL CONDITION OF PUPILS INSPECTED  
DURING THE YEARS 1952 TO 1960 INCLUSIVE

Year	No. of Children Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
1952	17,306	6,662	38.5	10,045	58.0	599	3.5
1953	12,683	5,381	42.4	6,984	55.1	318	2.5
1954	22,588	10,589	46.9	11,425	50.6	574	2.5
1955	24,075	11,894	49.4	11,747	48.8	434	1.8
		Satisfactory		Unsatisfactory			
		No.	%	No.	%		
1956	25,157	24,994	99.35	163	0.65		
1957	27,540	27,308	99.16	232	0.84		
1958	34,367	34,178	99.45	189	0.55		
1959	34,258	34,062	99.42	196	0.58		
1960	25,573	25,505	99.73	68	0.27		

### Secondary Grammar Schools.

In 1960, fourteen of the sixteen Grammar Schools were visited for periodic medical inspection. The total number of pupils inspected was 2,070.

### Secondary Technical Schools.

Each of the seven Secondary Technical Schools was visited during the year and 1,093 pupils were inspected.

Statistics relating to defects and treatment are included in the whole County statistics already reported, as are those for Secondary Grammar Schools.

### Nursery Schools.

The two County Nursery Schools at Worksop and Ruddington were each visited monthly through the year by a Medical Officer, when new entrants were examined and any necessary advice given. Medical Inspection of children in attendance at the schools is carried out at six-monthly intervals and 145 examinations were recorded.

## PERSONAL HYGIENE.

The School Nurses visit all schools except the Secondary Grammar and Secondary Technical Schools to carry out routine hygiene inspections. The Secondary Grammar or Technical Schools are visited at the special request of the Head Teachers if any difficulty arises.

During the year, in order to save nurses' time and to try and concentrate on those schools where hygiene inspections were most needed, the Committee agreed that, where Secondary Modern Schools had had a completely clean bill of health over the previous three terms, the nurse would stop visiting for routine hygiene checks and only visit at the Head Teacher's request as is already done at the Secondary Grammar and Technical Schools. Personal hygiene inspections are, of course, a most important part of the School Nurses' work. They are inspections of the whole child and not merely inspections of the head for nits.

Arising from routine hair inspections, the following tables are of interest :—

NUMBER OF PUPILS INSPECTED DURING THE YEAR ENDED  
31ST DECEMBER, 1960.

	Girls	Boys	Total
Routine Inspections .....	108,733	108,775	217,508
Follow-up Inspections .....	10,275	4,645	14,920
Total .....	<u>119,008</u>	<u>113,420</u>	<u>232,428</u>



PERCENTAGE OF PUPILS FOUND TO HAVE NITS AT ROUTINE  
INSPECTIONS DURING YEARS 1951 TO 1960 INCLUSIVE.

			Percentage Boys	Percentage Girls	Percentage All Children
1951	.....	.....	0.79	4.7	2.8
1952	....	.....	0.75	4.38	2.62
1953	.....	.....	0.67	3.39	2.08
1954	.....	.....	0.71	3.34	2.05
1955	.....	.....	0.72	2.86	1.80
1956	.....	.....	0.51	2.61	1.57
1957	.....	....	0.58	2.52	1.56
1958	.....	.....	0.61	2.56	1.58
1959	.....	.....	0.62	2.78	1.69
1960	.....	.....	0.87	3.45	2.11

Again there has been a rise in figures for infestation, the 1960 figures being the highest since 1952. While the increase is only a small one it has caused concern and steps have been taken to try and improve the situation amongst the few families which give rise to almost all the cases. It is unfortunately true that, in the families where head infestation occurs, this is only one of the ways in which they are unsatisfactory. The family needs help and, therefore, prosecution is not usually of any great value. In fact, it makes it more difficult for the Nurse to gain entrance on future occasions, since she is then regarded as the instigator of prosecution.

Dr. Colley comments :—

“ Unfortunately cases of hair infestation with Pediculosis Capitis are still being detected—usually recurring in children of problem families. The mental attitude of the parents of these families is of interest, since they often accuse the School Health Authorities of being responsible for ‘ always finding nits in our children’s hair ’—they often thought that nits arose spontaneously through ill health or ‘ weakness ’ in the **child**. ”

When routine school hair inspection has revealed unsatisfactory conditions, the pupils are inspected regularly at school until such time as their heads are clean. Home visits are made by the School Nurse and parents are offered advice and the issue of a cleansing material free of charge. Sacker’s Combs are offered to parents for payment but, if it is considered that the parent is unable to pay the cost without hardship, the School Nurse is authorised to issue a comb on loan.

During the year, sixty-two Cleansing Notices were issued under Section 54(2) of the Education Act, 1944. In addition, 401 communications of a less formal character were addressed to parents where a child was found to be infested in school. No Cleansing Orders were issued.

### TREATMENT SCHEMES.

Parents of pupils found to have vision defects requiring treatment are offered treatment under the special Consultant arrangements made with the Regional Hospital Board and the Hospital Eye Service. These arrangements are as follows :—

#### HOSPITAL EYE SERVICE AT COUNTY OPHTHALMIC CLINICS.

Clinic	Hospital Management Committee	Ophthalmologist	Day of Session
Arnold	Nottingham No. 1	Mr. G. E. Robinson	Tuesday afternoons
Beeston	Nottingham No. 1	Mr. G. E. Robinson	Tuesday mornings
Carlton	Nottingham No. 1	Mr. G. E. Robinson	Friday mornings and alternate Thursday afternoons
Eastwood	Nottingham No. 1	Dr. H. Fraser	Friday afternoons
Hucknall	Nottingham No. 1	Mr. A. Hamilton Booth	Alternate Tuesday afternoons
Kirkby-in- Ashfield	Mansfield	Dr. H. Fraser	Alternate Wednesday mornings
Mansfield	Mansfield	{ Dr. H. Fraser Mr. A. Hamilton Booth	Wednesday afternoons
Mansfield Woodhouse	Mansfield		Monday afternoons
		{ Mr. W. T. C. Lumley Dr. H. Fraser	Alternate Tuesday afternoons
			Alternate Wednesday mornings
Newark	Nottingham No. 1	Dr. H. Goldsmith	Wednesday afternoons (first three weeks) Friday afternoon (fourth week)
Nottingham Clarendon Street	Nottingham No. 1	Mr. A. Hamilton Booth	Friday mornings
Retford	Worksop and Retford	Dr. N. M. Watters	Monday mornings
Stapleford	Nottingham No. 1	Mr. G. E. Robinson	Alternate Thursday afternoons
Sutton-in- Ashfield	Mansfield	Mr. A. Hamilton Booth	Monday afternoons
Worksop	Worksop and Retford	Dr. N. M. Watters	Monday afternoons and Friday mornings



Prescriptions issued by Consultants are dispensed by local Opticians of the parents' choice through arrangements made by the Hospital Management Committees concerned or, as an alternative in the case of the Nottingham No. 1 Hospital Management Committee, at the Hospital Dispensary.

Dr. N. M. Watters, who attends at the Worksop and Retford Clinics, has again supplied details of his work. These are set out below and indicate the types of cases dealt with :—

#### WORKSOP AND RETFORD SCHOOL OPHTHALMIC CLINICS.

Errors of Refraction .....	745	Glasses Prescribed .....	483
Amblyopia .....	171	Referred to Orthoptist .....	51
Strabismus .....	117	No treatment needed .....	68
Congenital and Hereditary Diseases	26		
Other Diseases .....	7		

During the year, School Ophthalmic Clinics ran very satisfactorily indeed. Over the County as a whole, the waiting lists have been reduced to reasonable proportions and I very much appreciate the help that we have received from the Regional Hospital Board in this work.

Dr. Douglas continued to help Dr. H. Goldsmith at the Newark Clinic in the carrying out of retinoscopy examinations.

#### RETINOSCOPY EXAMINATIONS CARRIED OUT DURING 1960.

	Examinations	Requiring Spectacles	Not requiring Spectacles
By Consultants .....	8,349	3,658	4,691
By County Medical Staff .....	470	183	287
	<u>8,819</u>	<u>3,841</u>	<u>4,978</u>

#### REPAIR AND REPLACEMENT OF SPECTACLES.

When spectacles have been provided through the Hospital Eye Service, authorisation for replacement or repair is secured at the School Ophthalmic Clinic, either from the Consultant or from one of the School Medical Officers.

The necessary Forms O.S.C. 10 are kept at all School Clinics and are issued where glasses have been supplied by a private Optician under the Supplementary Ophthalmic Services.

**Hearing Defects.**

The scheme for the ascertainment of hearing defects, described in previous reports, continued and the year's work is shown in the following statistics :—

**SWEEP TESTING.**

Number of Schools visited by Audiometricians	.....	11
Number of tests and retests carried out	.....	6,155
Number of pupils tested	.....	4,994
Number of pupils with normal hearing	.....	3,833
Number of pupils who failed the test	.....	1,161
	——	4,994
Number of pupils who failed repeat sweep test	.....	1,151
Number of pupils who passed repeat sweep test	.....	10
	——	1,161
Number of pupils referred to medical officers	.....	475
Number of pupils referred for retest at a later date	.....	676
	——	1,151

**INDIVIDUAL TESTING.**

(a) Pupils failing Sweep Test	.....	118
With normal hearing	.....	85
With sub-normal hearing	.....	33
(b) Pupils otherwise referred because of suspected deafness		402
With normal hearing	.....	214
With sub-normal hearing	.....	188
(c) Retest of pupils previously found to have sub-normal hearing	.....	702
With normal hearing	.....	421
With sub-normal hearing	.....	281

Children who fail the sweep test are first investigated by the School Medical Officers. Where possible the hearing defect is treated and 601 children were examined at the School Clinics for this purpose. When further investigation is considered advisable, children are referred to the Special Deafness Clinics to be seen, and treated when necessary, by the Consultant Ear, Nose and Throat Surgeons. These Clinics are held by Mr. E. J. Gilroy Glass at the Nottingham General Hospital; Mr. J. F. Neil at the King's Mill Hospital, Sutton-in-Ashfield and at the Newark Hospital; and by Mr. P. H. Beales at the Victoria Hospital, Worksop.



A large proportion of children referred are found to have defects which can be rectified before permanent damage has taken place.

During the year, 234 children were given the opportunity of Consultant examination following audiometric investigation. Among the 184 new cases who attended, conditions treated were as follows :—

#### CONDITIONS TREATED.

Naso-pharyngeal infection	.....	.....	.....	35
Otitis Media	.....	.....	.....	5
Wax	.....	.....	.....	9
Other Conditions	.....	.....	.....	116
				<hr/>
				165
				<hr/>

In nineteen cases, no treatment was required and ten cases were referred for further examination.

Mr. Glass particularly mentions that chronic otorrhoea, which was formerly one of the main causes of deafness, is decreasing in frequency.

Miss Torrance, the Audiometrician, reports :—

“ Sweep tests, which are now being carried out as routine tests in schools, are so called because the test is a sweep through all frequencies at an intensity just above the level of normal hearing. Each child is tested individually, and anyone failing to respond to all the sounds in each ear is given a quick audiogram, to find approximately at what intensity the tones can be heard. In this way we are able, in most cases, to get sufficient information to send the child direct to the school doctor when necessary.

This is a great advantage over the old gramophone test, by which one could only ‘ screen out ’ the children who failed to record the required dictated numbers and any estimate of the degree of deafness had to be made at a later date in the school clinic.

The time involved in doing sweep tests varies with each child and with the amount of noise in the schools but, on average, works out at a rather slower rate than the gramophone tests. However, it is hoped that the advantages of the extra information obtained will outweigh this disadvantage.”

#### Child Guidance.

The year under review was another difficult year for the Child Guidance Service. Staff shortages have continued to limit the work of the Clinic. It seems to be almost impossible to obtain Psychiatric Social Workers and one wonders how we are to obtain all the additional workers who will be needed under the schemes which the new Mental Health Act will bring into operation. We were also short of an Educational Psychologist throughout the year.

I would like to take this opportunity of expressing my thanks to Dr. Ratcliffe and Dr. Arkle for their invaluable help and co-operation in this particular branch of our work. It is only through their unstinting efforts that we have been able to maintain an adequate Child Guidance Service throughout the year.

Dr. Ratcliffe furnishes the following comments on the year's work :—

“ It will be remembered that, in my Annual Report for 1959, I described some of the problems which would arise in 1960 if our professional Clinic staff remained so far below its establishment level. It may be of value to describe how far these rather gloomy predictions have been confirmed during the year now ended.

Certainly our severe shortage of professional staff has continued into 1960, as we feared it would. Our most serious lack is of Psychiatric Social Workers. The Clinic's establishment is for four Psychiatric Social Workers ; but, apart from an overlap period of some two weeks after Miss Gately joined us as Senior Psychiatric Social Worker and before Mrs. Davies resigned from the service for domestic reasons, we have never had more than one Psychiatric Social Worker working at the Child Guidance Clinic. Even more unfortunately, Mrs. Davies was off duty with illness for a considerable period during the summer, so that, during that time, we were entirely without Psychiatric Social Worker help. We are fortunate that, in Miss Gately, who commenced her duties on 1st September, we have a very capable and experienced colleague ; but one Psychiatric Social Worker alone cannot hope to cover even the basic essential work for the whole County area, let alone the many other important tasks which should be the normal role of this member of the Clinic team. Consequently we have given considerable thought to the most profitable use which we can make of our one Psychiatric Social Worker. Our policy has been for Miss Gately to concentrate her time and work almost entirely in the central Clinic in Nottingham itself, and with those individual cases which most urgently demand skilled case-work help. This is not to suggest for one moment that the other parts of the County are considered to be of less importance by the Child Guidance Clinic than is the County suburban area around Nottingham. Our choice is solely determined by the desire to provide Psychiatric Social Worker help for the maximum possible number of families attending the Clinic with a minimum wastage of professional travelling time. The Psychiatric Social Worker has a most important role in the work of a Child Guidance Service. When these professional workers are in such short supply, much of the work which they would normally do falls upon the Psychiatrist. Inevitably, therefore, the pressure of the Psychiatrist's other, and more normal, tasks in the Child Guidance Clinic, and his inability to cover fully the specialised social-worker role of the Psychiatric Social Worker, mean that the quality of the service which the Clinic can provide must suffer. This deficiency in quality is particularly apparent in those areas of the County where no Psychiatric Social Worker is available, although (as the appended tables will show) there has been a slight reduction in the quantity of our work in these areas also.



During the year we have also been working one short of our full establishment of three Educational Psychologists. By careful planning, and much hard work on the part of the Psychologists themselves, we have been able to cover the greater part of the Educational Psychologists' tasks within the Child Guidance Clinic itself ; but their many, and equally important, out-of-Clinic activities (such as school visits for example) have been much more difficult to maintain at an adequate level. Schools sometimes complain that they do not receive enough information from the Child Guidance Service about children with whom both Clinic and School are concerned. Whenever we, from our professional experience, feel a need for discussion with the Head Teacher, a school visit is made, even if this cannot always be done as promptly at present as we would wish. Obviously, however, there will be occasions when the Head Teacher wishes to initiate such a discussion himself. When, as at present, Clinic staff shortage prevents routine, or regular, visits to all schools, we are wholly dependent on the school informing us of their desire for such discussion on the problems of a particular child, before the necessary school visit can be arranged. We would stress, therefore, that we are always glad to hear from schools of any problems with the children under their care ; and we are always very willing to offer our help in such cases—once we have been told that the problem exists.

The post of Play Therapist at the Child Guidance Clinic has now been vacant for more than two years ; and here again the therapy with children, which this member of the team would normally undertake, is inevitably added on to the many other duties of the Psychiatrist. It is, therefore, fortunate that we are now up to strength in psychiatric personnel. Our Senior Registrar, Dr. Thorpe, left us in August to take up his first Consultant appointment. The Regional Hospital Board appointed Dr. Rogers as his successor, and he commenced his duties in November. My Consultant colleague, Dr. Arkle, continues to be a tower of strength to the Clinic. Although each of us is trained to perform, and does indeed carry out, the many different tasks which fall to a Consultant Child Psychiatrist in a busy Child Guidance Clinic, our individual special interests and technical experience are most usefully complementary to each other. Moreover, between us, Dr. Arkle and I can maintain that most necessary professional liaison between the Child Guidance Service of Nottinghamshire and of the neighbouring Authorities ; and between these Local Authority services and the Regional Hospital Board provisions for emotionally disturbed children at St. Ann's Children's Unit and the Nottingham Children's Hospital. Nevertheless, it is a measure of the pressure under which we are working that I am still regularly providing approximately one extra session of my own time beyond my contractual commitments, to cover the work of the County Clinic.

It is important to stress (as I have done in previous Annual Reports) that our staff shortages are a reflection of similar nationwide difficulties over Child Guidance personnel ; and that, pro-



professionally, I entirely support the wise policy of the Nottinghamshire Authority only to appoint adequately trained and suitable professional workers to the Child Guidance service.

The year 1960 was World Mental Health Year ; and, as one of the Authority's contributions to the activities of this Year, we were able to hold an 'open day' during the summer to which were invited local Doctors, Teachers and other similar professional workers. The attendance was even better than we had hoped. Each group of visitors was able to discuss the Clinic's work with the members of the Clinic team. Such informal contacts and discussions are of great value to us and to our work. In various forms we have always tried to build up such friendly professional contacts with the many other Agencies concerned with children. Alas, it is in that sphere that we are most seriously handicapped by our shortage of staff.

On a number of occasions in the past few years we have had short-term placements at the Clinic for Social Science Students or Health Visitors in training. In 1960, for the first time, we have had a long-term student training placement.

A post-graduate student at the newly developed 'Generic' Case-work Course at the University of Leicester, has been doing her practical work at the Clinic for three days each week since October ; and she will be continuing until Easter 1961. The stimulus to the whole Clinic team of such a training project (carefully integrated as it is with the theoretical work of the University Course) is considerable ; and we can feel some pride as being one of the few Agencies chosen for the practical work of this most important new University training.

A full year's experience with the Pre-School Guidance Service sessions held at the Beeston and Arnold Child Welfare Clinics (which will be reported upon in detail separately) has convinced me of the value of these preventive aspects of our work. Similarly, the increased sessional time which I have been able to give to the work of the Nottinghamshire Education Authority's Residential Hostel at Balderton has proved its worth in the very close and successful clinical integration of the work of the Child Guidance Clinic and the Hostel. As many members of the Committee may know, the Senior Psychiatric Social Worker, the former Hostel Matron and I published during 1960 a joint article in a professional Journal on this important topic.

The appended tables will illustrate, in numerical form, many of the comments which I have made above. The total numbers of new, and other, cases seen during the year, and the total number of interviews with parents and children are virtually unchanged as compared with our figures for 1959 ; but there has been a significant change in the distribution of the work as between Psychiatrist and Psychiatric Social Worker, and in the various types of treatment which we have provided. These changes, of course, are directly related to our staffing situation.



It has been my practice to end these Annual Reports by expressing my appreciation of the help and work of my colleagues, professional and clerical, at the Child Guidance Clinic ; and of the great support which we receive from the Nottinghamshire Authority and its School Health Service, and from the Sheffield Regional Hospital Board who supply the psychiatric services to the Clinic. That this expression of appreciation is repeated regularly each year does not make it in any way less sincere or justified."

## CHILD GUIDANCE STATISTICS

NEW CASES SEEN DURING 1960				1960		1959	
				Total		Total	
Nottingham Area				91	146	91	235
Mansfield and West Notts.				71	99	71	155
Newark Area				10	29	10	44
Workshop and Retford Area				4	11	4	20
				6	7	6	16
NEW CASES REFERRED DURING 1960 but still awaiting investigation				...	...	...	36

TYPES OF SCHOOL, ETC.	Nottingham		Mansfield and West Notts.		Newark		Workshop/Retford		1959 TOTAL
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	
Pre-School	6	4	1	—	1	—	1	2	11
Infants	14	7	7	—	2	1	2	—	52
Junior	45	18	10	2	5	—	3	1	89
Secondary Modern	22	20	5	4	2	1	1	2	49
Secondary Technical	2	2	3	—	—	—	—	—	7
Grammar School	2	4	2	1	—	—	—	1	10
Private School	2	2	1	—	—	—	—	—	4
Approved School	—	—	—	—	—	—	—	—	1
Special School	1	1	—	2	—	1	—	—	5
Left School	1	10	—	1	—	1	—	—	3
Home Tuition	1	—	—	—	—	—	—	—	—
Not attending School	3	3	—	—	1	—	—	—	4
TOTAL	99	71	29	10	11	4	7	6	235



PROBLEMS		Nottingham		Mansfield and West Notts.		Newark		Workshop/Retford		1959
		(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	TOTAL
Behaviour	....	34	14	14	6	6	1	5	4	88
Delinquency	....	21	24	—	1	2	1	—	—	33
Nervous problems	....	21	15	7	—	1	—	2	1	50
Enuresis	....	5	5	3	1	—	1	—	—	17
Backwardness	....	5	2	2	—	—	—	—	—	14
Speech problems	....	1	—	1	—	—	—	—	—	2
Physical symptoms	....	3	—	1	—	—	—	—	—	2
Special advice	....	9	11	1	2	2	1	—	1	29
TOTAL		99	71	29	10	11	4	7	6	235

SOURCES FROM WHICH REFERRED		Nottingham		Mansfield and West Notts.		Newark		Workshop/Retford		1959
		(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	TOTAL
School Medical Officers	....	25	7	9	4	4	1	1	1	90
Juvenile Courts and Probation Officers	....	24	25	2	1	2	1	1	1	40
Director of Education and Head Teachers	....	11	7	6	2	2	—	—	2	35
General Practitioners and Hospitals	....	17	13	7	1	2	1	5	1	37
Parents	....	11	7	3	—	—	—	—	—	12
Children's Officer	....	7	4	1	1	1	1	—	—	12
Speech Therapists	....	—	2	—	—	—	—	—	—	3
Other sources	....	4	6	1	1	—	—	—	1	6
TOTAL		99	71	29	10	11	4	7	6	235

DISPOSAL OF CASES	Nottingham		Mansfield and West Notts.		Newark		Worksop/ Retford		1960	1959
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	TOTAL	TOTAL
Advice to parents, school, court, etc. ....	36	34	5	4	4	2	2	2	89	70
Intensive treatment recommended ....	48	26	9	3	3	1	1	1	92	73
Less intensive treatment of parent or child recommended ....	10	4	5	1	1	—	4	2	27	50
Recommended admission to : Special School for E.S.N. pupils or special class ....	1	—	—	1	—	1	—	—	3	4
Open-Air School ....	—	—	—	—	—	—	—	—	—	2
Approved School ....	—	—	—	—	—	—	—	—	—	1
Hostel for Maladjusted Children ....	—	1	—	—	—	—	—	—	1	2
Special School for Physically Handicapped ....	—	—	—	—	—	—	—	—	—	1
Care of Local Authority ....	—	—	—	—	—	—	—	—	—	—
Referred elsewhere for treatment or advice ....	2	2	4	—	2	—	—	—	10	10
Still under investigation ....	—	3	5	1	1	—	—	1	11	17
Unco-operative ....	2	1	1	—	—	—	—	—	4	5
TOTAL	99	71	29	10	11	4	7	6	237	235



### Cases seen for Intensive Treatment.

(Including psycho-therapy, play therapy, remedial teaching and relationship therapy, in respect of parent or child)

	Boys	Girls	1960 Total	1959 Total
Under treatment January 1960 .....	55	18	73	68
Treatment commenced during 1960 .....	56	38	94	63
Discharged from treatment during 1960 .....	54	31	85	58

#### ANALYSIS OF RESULTS.

Satisfactory improvement .....	27	18	45	26
Partial improvement .....	20	9	29	24
No change .....	—	—	—	4
Unco-operative .....	7	4	11	4
Still under intensive treatment at 31.12.60 .....	57	25	82	73

### Cases seen for Superficial Treatment.

(Including surveys, supportive interviews, home visits, school visits, etc. in respect of parent and child)

Under treatment January 1960 .....	270	104	374	382
Treatment commenced during 1960 .....	78	29	107	119
Discharged from treatment during 1960 .....	40	23	63	127
Still under superficial treatment at 31.12.60 .....	308	110	418	374

CASES CLOSED DURING 1960 .....	132	90	222	263
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For clinical reasons ; treatment or survey terminated.

Satisfactory improvement .....	28	18	46	61
Slight improvement .....	15	7	22	33
No change .....	1	1	2	8

For other reasons ; parents unco-operative, committed to approved school, left the district, etc.

Much improved .....	9	4	13	15
Slight improvement .....	16	10	26	21
No change .....	25	14	39	47

No further Child Guidance action necessary ; diagnostic or advice only.

Diagnostic .....	5	2	7	14
Advice .....	33	34	67	64

TOTAL NUMBER OF CASES SEEN DURING 1960	496	225	721	738
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NOTE :—

*Those children discharged from intensive treatment but transferred to superficial treatment during 1960 have been included under both categories.*

### Interviews during 1960.

		Nottm.	Mansfield/ W. Notts.	Newark	Worksop/ Retford	1960 Total	1959 Total
PSYCHIATRISTS.							
Diagnostic	.....	134	56	31	14	235	194
Treatment	.....	761	181	293	32	1,267	1,011
Surveys	.....	233	27	101	24	385	453
Parents	.....	552	85	19	71	727	578
Others	.....	229	23	97	20	369	359
Visits	.....	14	2	77	14	107	101
PSYCHIATRIC SOCIAL WORKERS.							
Diagnostic	.....	78	14	7	3	102	167
Advisory inter- views with parents		204	40	22	10	276	489
Advisory inter- views with others		80	2	—	—	82	35
Visits to Homes, Schools, Children's Homes, Hostels		75	15	9	6	105	169
EDUCATIONAL PSYCHOLOGISTS.							
Testing	.....	180	42	8	19	249	286
Remedial teaching		431	48	—	24	503	597
School visits	.....	107	26	15	27	175	208
Surveys	.....	36	2	—	11	49	61
Interviews with parents	.....	63	24	4	15	106	46
Visits to Children's Homes, Hostels, Remand Home, etc.		2	2	1	—	5	14
					1960 Total	1959 Total	
Total Interviews with children					2,688	2,602	
Total Interviews with parents					1,211	1,280	
Total Interviews with others about children					451	394	
Total Visits to Homes, Hostels, Remand Home, Children's Homes, Schools					392	492	



## Speech Therapy.

During 1960 there was an almost complete change in the Speech Therapy Staff. Miss Croad, who held the post of Senior Speech Therapist, left at the end of the year. She did very valuable work with the Service and I was very sorry to lose her. Miss Berry, Mrs. Edwards, Mrs. Potter and Miss Schofield all left and were replaced by five new Speech Therapists. Miss James is the only remaining member of the Speech Therapy Staff which started 1960 and she has now been appointed to the post of Senior Speech Therapist. So many changes of staff inevitably make for difficulties in treatment of children but it has been possible to keep the waiting lists down to fairly reasonable proportions. The work of the Speech Therapists in the Special Schools has been continued and is very much appreciated by the staff of the Schools but it may be difficult to keep these sessions going throughout 1961.

Speech Therapists are still in "short supply." At the end of the year there were three vacancies on the establishment.

## Statistics.

Cases receiving treatment on 1.1.60	.....	.....	.....	.....	538
Cases temporarily suspended on 1.1.60	.....	.....	.....	.....	98
Cases on waiting list 1.1.60	.....	.....	.....	.....	280
Cases admitted during 1960	.....	.....	.....	.....	342
Cases discharged during 1960	.....	.....	.....	.....	435
Cases receiving treatment 31.12.60	.....	.....	.....	.....	446
Cases temporarily suspended 31.12.60	.....	.....	.....	.....	97
Cases on waiting list 31.12.60	.....	.....	.....	.....	325

## SUMMARY OF CASES DISCHARGED.

Requiring no further treatment	.....	.....	.....	.....	317
Left School	.....	.....	.....	.....	7
Unable to benefit from further treatment	.....	.....	.....	.....	2
Left the District	.....	.....	.....	.....	8
Discharged under observation on account of persistent non-attendance and lack of parental co-operation	.....	.....	.....	.....	56
Discharged at request of parents	.....	.....	.....	.....	12
Pending transfer to other clinics	.....	.....	.....	.....	32
Reported to the Local Health Authority	.....	.....	.....	.....	1
					<hr/> 435 <hr/>

## RESULTS OF TREATMENT OF THE CASES DISCHARGED.

	Stammer	Other Speech Defects	Total
Achieved normal speech .....	39	172	211
Greatly improved .....	31	75	106
Showed some improvement .....	27	62	89
Showed little or no improvement	11	18	29
	<hr/> 108	<hr/> 327	<hr/> 435
	<hr/>	<hr/>	<hr/>

SPEECH THERAPY SESSIONS AT CLINICS, Etc.	Number on Register	Number on Waiting List
Arnold .....	18	10
Beeston .....	42	24
Berry Hill Open-Air School .....	8	—
Bingham .....	16	7
Calverton .....	14	13
Carlton .....	38	24
East Leake .....	11	2
Eastwood .....	18	13
Edwinstowe .....	10	8
Harlow Wood Orthopaedic Hospital	3	—
Harworth—Bircotes .....	12	15
Hopwell Hall Special School .....	15	—
Hucknall .....	20	2
Kirkby-in-Ashfield .....	20	6
Mansfield .....	48	45
Mansfield Woodhouse .....	9	5
Newark—Old Magnus Buildings	36	41
Hawtonville .....	19	—
Ollerton .....	12	4
Pleasley Vale .....	11	—
Ramsdale Park Special School .....	8	—
Retford .....	18	18
Selston .....	8	8
Southwell .....	15	5
Stapleford .....	18	12
Sutton Bonington .....	6	2
Sutton Fields House Special School	9	—
Sutton-in-Ashfield .....	9	13
Thieves Wood Special School .....	7	—
Warsop .....	16	6
West Bridgford .....	28	6
Worksop .....	21	36
	<hr/> 543	<hr/> 325
	<hr/>	<hr/>



## PHYSIOTHERAPY

The work of the Physiotherapist in the West Nottinghamshire Area continued throughout the year. On 1st April, the Committee approved the appointment of a Physiotherapist for the South of the County. Repeated advertisements throughout the year failed to bring any response. Physiotherapists, as with so many of the medical auxiliaries, are also in short supply but it is hoped that during 1961 we may be able to make an appointment.

Miss Crisp has given the following report on her work :—

“ Since writing last year's report, great progress has been made in the development of a Physiotherapy Service in the West Nottinghamshire Area of the County and there is no lack of patients requiring treatment.

Many of the children have been transferred from the Physiotherapy Departments of hospitals in and around the area and in these cases the time absent from school has been cut down considerably. Other children have been referred for treatment through the School Medical Officers and one or two have been ‘ follow-ups ’ of discharges from Berry Hill Open Air School. During the past year, fifty children have been treated at the clinics for a minimum treatment period of not less than ten weeks, and four home visits have been undertaken.

The greater percentage of children have been referred for treatment by the School Medical Officers from their clinics and from school medical inspections or through the School Nurse, who has seen the child during the course of her routine work. These children include cases of asthma, bronchitis and bronchiectasis—who find tremendous benefit from a course of breathing exercises—postural defects, poor postural sense, foot deformities, deformities and weakness resulting from poliomyelitis, and defective function after fractures.

The children referred by the Consultants are mainly suffering from cerebral palsy and need continuous treatment over a long period of time. When, as in many cases, the children are of school age they benefit considerably by being able to attend for their exercises at a local clinic instead of journeying into Nottingham or Mansfield. The mothers of children under school age also find it a great help, particularly where there are small children to be met from school and a family coming home at lunch time.

All the children appear to enjoy coming for treatment and on the whole attend fairly regularly.

Since April, when the Physiotherapy Department at Thieves Wood School received its full complement of staff, I have been able to give more time to the children at Berry Hill Open Air School, which I now visit every morning. This has enabled the number of children on treatment to be greatly increased and of one hundred and three children in the school, eighty-three are at present on treatment ; individually, in a class, or both.

Naturally at first we had to make many changes and try to fit in each child's treatment so that he gained the maximum benefit from the time available. Owing to the great improvement which has taken place in the chest cases during the year, we are now able to divide the senior classes into three groups, for a once weekly period of general remedial exercises. This includes breathing exercises, postural and foot exercises plus some apparatus work and games of various kinds, depending upon the capabilities of each group.

The children are carefully selected to take part according to their disability and the stage of progress which they have reached. Many of the physically handicapped do join in and it is quite amazing how much they manage to achieve. Since commencing the classes, which are very much enjoyed by the children, the general posture in school has improved and also the health of the children.

As well as taking part in the classes, many of the children also have individual treatments i.e., postural drainage, electrical treatment or a specialised scheme of exercises as in the case of the cerebral palsy children.

At present the greatest problem at Berry Hill is lack of working and storage space. Unfortunately, the floors of the hall, which we use for remedial exercises, and of the bathroom and medical inspection room, which are used for individual treatments, are concrete. This restricts to quite a large extent one's timetable and the type of treatment one can give, particularly during the winter months.

Another problem which arises at this time of the year is that of maintaining the circulation in the limbs of those children with circulatory complications and the physically handicapped who are unable to run about. At present we are having to use the base of the showers for contrast baths (paddling) which is naturally a great attraction to the little ones. However this means that the children have to sit on blankets on a concrete and very draughty floor—not, I am afraid, a very satisfactory arrangement.

We hope, however, that it will not be long before we have a new department at Berry Hill which will solve all these difficulties."

### **Minor Ailments.**

Attendances at the Minor Ailments Clinics were approximately the same as last year but well down on previous years. Dr. Douglas comments "It is in the work of Minor Ailment Clinics that the greatest change has occurred. 'Foot Clinics' would now be a much more appropriate name. Nearly all the cases treated are Verrucas or Athlete's Foot and foot hygiene is still very neglected."

During the year, the Committee will know that I was very concerned about the incidence of Athlete's Foot and Plantar Warts. Instructions have been given by the Director of Education to all his Physical Education Staff to be on the lookout for signs of these diseases. Both these diseases are as difficult to prevent as they are to treat but during the latter part of the year there did seem to be some improvement.



In addition to the foot complaints, the Minor Ailment Clinics have become more and more widely used for various special appointments where the mother requires longer consultations than can be given at the routine medical inspections.

ATTENDANCES AT MINOR AILMENT CLINICS,  
1953 TO 1960 INCLUSIVE.

Year		Total School Population	Total Attendances	Individual Attendances
1953	.....	83,197	48,498	13,925
1954	.....	85,145	43,520	14,581
1955	.....	86,829	42,975	13,488
1956	.....	89,219	36,357	11,822
1957	.....	90,990	33,812	11,028
1958	.....	91,962	30,781	9,274
1959	.....	91,848	30,524	9,475
1960	.....	91,861	29,597	9,113

Injuries amounted to 412 cases. Skin conditions totalled 2,325 and included 114 cases of impetigo, 199 of eczema and seborrhoea and 578 with warts. Minor infections of the eye and eyelids numbered 247 ; naso-pharyngeal infections 318 ; bronchitis eighty-one and otitis media fifty-four. In 167 cases, wax was removed from the ears.

## CLINICS AND SESSIONS

The following table shows the various Clinics in operation in the County and the figures shown indicate the number of sessions held under each heading per month of four weeks.

SITUATION OF CLINIC	Minor Ailments	Dental	Speech Therapy	Ophthalmic	Paediatric	Child Guidance	Physiotherapy
*Arnold—Arnot Hill Park	8	—	8	4	—	—	—
*Balderton	4	—	—	—	—	—	—
*Beeston—Dovecote Lane	8	42	12	4	—	—	—
*Bilsthorpe	4	—	—	—	—	—	—
*Bingham	—	—	8	—	—	—	—
Calverton Parish Council Rooms	—	—	4	—	—	—	—
*Carlton—Park House	12	28	16	6	—	—	—
*Clipstone	8	—	—	—	—	—	—
*East Leake	4	—	8	—	—	—	—
*East Retford	8	†18	8	4	—	—	—
*Eastwood	8	16	8	4	—	—	—
*Harworth	8	24	4	—	—	—	—
*Hucknall	12	36	8	2	—	—	—
*Kimberley	8	—	—	—	—	—	—
*Kirkby-in-Ashfield	8	8	8	2	—	—	4
*Langold	4	—	—	—	—	—	—
Mansfield—Redcliffe House	4	56	20	6	4	11	4
Mansfield—Pleasley Hill	4	—	—	—	—	—	—
*Mansfield—Hermitage Avenue	8	—	—	—	—	—	—
*Mansfield Woodhouse	8	—	4	4	—	—	4
*Newark—The Friary	4	36	—	8	—	—	—
*Newark—Hawtonville	4	—	12	—	—	—	—
Newark—Old Magnus Buildings	—	—	16	—	—	5	—
Nottingham—Clarendon Street	—	†48	—	4	4	44	—
*Ollerton—Methodist Chapel	4	—	—	—	—	—	—
Ollerton—Briar Road	—	16	8	—	—	—	—
*Radcliffe-on-Trent	4	—	—	—	—	—	—
*Selston	8	—	4	—	—	—	—
*Southwell	4	—	8	—	—	—	—
*Stapleford	8	38	8	2	—	—	—
Sutton-in-Ashfield—Lawn House	8	32	4	4	—	—	4
*Sutton-in-Ashfield—Huthwaite	8	—	—	—	—	—	—
Sutton Bonington	—	—	4	—	—	—	—
*Warsop	8	—	8	—	—	—	—
West Bridgford—Parochial Hall	4	—	—	—	—	—	—
*West Bridgford—Baptist Church	—	—	20	—	—	—	—
West Bridgford—Loughborough Road	—	42	—	—	—	—	—
Worksop—Watson Road	8	18	12	8	4	—	—
*Worksop—Carlton Road	—	—	—	—	—	8	—

\*Denotes that premises are used for Maternity and Child Welfare Services.

†Evening sessions included.



### ULTRA-VIOLET LIGHT TREATMENT.

On the advice of Medical Officers, ultra-violet light treatment was provided for twenty-one selected cases at the Dovecote Lane Centre, Beeston, as compared with nine cases in 1959.

### Paediatric Service.

During the year, Dr. A. C. Blandy continued to attend weekly sessions of the Paediatric Clinics at the Mansfield School Clinic and at the County Clinic at 17, Clarendon Street, Nottingham. The special arrangements for referring cases to him at the Newark Hospital also continued. Dr. M. Eastwood also conducted her weekly sessions at the Worksop School Clinic. We are fortunate indeed in having two such helpful colleagues to work with us.

The services of the Consultant Paediatricians are made available by the Sheffield Regional Hospital Board and the following table shows the number of cases seen at the Paediatric Clinics during 1960 :—

	Mansfield	Nottingham	Worksop	Total
Sessions held during year	33	57	41	131
New Cases       .....	74	121	28	223
Attendances—				
(a) Pre-School       .....	31	98	11	140
(b) School       .....	183	271	176	630
Total Attendances       .....	<u>214</u>	<u>369</u>	<u>187</u>	<u>770</u>

The total attendances since 1954 have been as follows :—

1954	1955	1956	1957	1958	1959	1960
693	793	766	797	698	717	770

### Tuberculosis.

As County Medical Officer, I was informed during the year of the notifications of twelve cases of pulmonary and six cases of other forms of tuberculosis amongst school children.

The number of County school children who received in-patient treatment was eighteen as compared with twenty-three in 1959.

As a result of the County Scheme for B.C.G. vaccination of contacts, 221 school children were vaccinated during 1960.

### Mass Radiography.

I am indebted to Dr. A. E. Beynon, Medical Director of the Nottingham No. 1 Mass Radiography Unit, for the following report :—

“ I have pleasure in enclosing my Annual Statistics of County children X-rayed at this Centre during the year ended 31st December, 1960 :—

SUMMARY OF NOTTINGHAM COUNTY SCHOOL CHILDREN EXAMINED BY CHEST RADIOGRAPHY AT THE CHEST RADIOGRAPHY CENTRE NOTTINGHAM, DURING THE YEAR ENDED 31ST DECEMBER, 1960.

1. PUPILS SUBMITTED TO CHEST RADIOGRAPHY :

			Males	Females	Total
(a)	Senior Students :				
	(exceeding 15 years)	.....	115	137	252
(b)	Mantoux Positive Reactors :				
	(13/15 years)	.....	409	267	676
(c)	Contacts :	.....	29	—	29

2. NUMBER OF SIGNIFICANT CHEST CONDITIONS DISCOVERED :

(a) Active Pulmonary Tuberculosis :

One boy was found to have active pulmonary tuberculosis in the Mantoux Positive Reactors from the B.C.G. groups. In addition twenty children (boys, nine and girls, eleven) were found to have healed lesions.

(b) Other Chest Conditions :

Three children (boys, two and girls, one) were found to have bronchiectasis, and twenty-six (boys, nineteen and girls, seven) were found to have a significant lesion.

3. GENERAL OBSERVATIONS :

On this occasion, it must be pointed out that these results are not a true picture of the school population as a whole, because the number of school children X-rayed has been greatly diminished on the recommendation of the Adrian Committee report on Radiation Hazards. Moreover, the above statistics do not include the findings from among the school children referred to this Centre by their General Practitioner for an opinion and advice, from which group isolated cases of active tuberculosis are found from time to time.

On the whole, the year's work, with the results outlined above, can be considered to be extremely satisfactory."

I am also indebted to Dr. V. E. Sherburn, Medical Director of the South Yorkshire Mass Radiography Unit, for the following statistics from the North of the County :—

		Boys	Girls	Total
WORKSOP :				
Children Examined	.....	41	153	194
Passed as clear	.....	41	152	193
Case of healed primary lesion	.....	—	1	1



## SCHOOL DENTAL SERVICE

### Report of the Principal School Dental Officer, Mr. D. E. Mason, O.B.E.

#### “ DENTAL STAFF.

The following table sets out the approved establishment of the various types of officers employed within the County School Dental Service, together with the actual numbers employed on 31st December, 1958, 31st December, 1959 and 31st December, 1960 :—

	Establishment	Employed on		
	on 31.12.60	31.12.60	31.12.59	31.12.58
County Dental Officer and Principal School Dental				
Officer .....	1	1	1	1
Orthodontist .....	1	1	1	1
Dental Officers (whole-time)	22	7	5	6
Dental Officers (part-time) .....	—	9	10	4
Medical Anaesthetists (part- time) .....	—	6	5	5
Dental Nurses .....	—	1	1	1
Dental Attendants (whole- time) .....	24	10	8	8
Dental Attendants (part-time)	—	4	5	5
Chief Technician .....	1	1	1	1
Senior Technicians .....	3	3	3	3
Dental Technicians .....	1	—	1	1
Apprentice Dental Technicians	2	1	2	2

NOTE.—On 31st December, 1960, the nine part-time Dental Officers were giving service equivalent to approximately two and a half whole-time officers.

Changes during the year amongst the Dental Officers can be summarised as follows :—

- (a) Two whole-time Dental Officers were appointed (one in June and the other in December).
- (b) One part-time Dental Officer was appointed in January.
- (c) Two part-time Dental Officers terminated their appointments (one in April and the other in August).

The net result of these changes was that the strength of the staff expressed in terms of whole-time Dental Officers was approximately “ one and a half Dental Officers ” higher at the end of the year than it was at the beginning but, in spite of this encouraging increase, it still remained at appreciably less than half the approved establishment.

## ADMINISTRATION.

Because of the continued shortage of Staff the general administration remained basically the same as in former years and was in accordance with the specific recommendations made by the Chief Medical Officer of the Ministry of Education for consideration by Local Education Authorities possessing numerically insufficient Staff to provide the comprehensive Dental Service envisaged in the Education Acts.

It is impossible, with a Staff which is only about one-third of the calculated requirement, to provide comprehensive treatment, on an annual basis, for all children who apply for treatment and so, in order to make the best use of the limited resources available, it continues necessary for the Dental Officers to exercise careful and considered selection not only of the children for whom treatment is to be given, but also of the scope of the treatment to be given to these children.

## ROUTINE DENTAL INSPECTIONS.

From a school population of approximately 92,000, the number of children who received a routine dental inspection in school was 30,358 and in addition 5,757 children were inspected as "Specials" in the clinics. Of this combined total of 36,115 inspected, 29,890 were classified as "Found to require Treatment" and of this number 20,724 were offered treatment, the difference of 9,166 being due to the restrictive policy of selection referred to in the preceding paragraph.

## DENTAL TREATMENT.

Of the 20,724 children who were offered treatment, 13,040 accepted and were treated in the Committee's clinics. The treatment given included the extraction of 7,460 permanent teeth and 16,351 temporary teeth. Fillings numbered 5,730 in permanent teeth and 390 in temporary teeth. In connection with the treatment of children undergoing extractions, a general anaesthetic (usually Nitrous Oxide gas) was administered in 3,471 instances.

## ORTHODONTIC TREATMENT.

The full statistical details of the orthodontic treatment carried out during the year are given in the dental statistical tables (Table IV) on Page 85 of the appendix to this report.

A child with irregularly placed teeth in need of corrective treatment is not classified as "commencing orthodontic treatment" until an appropriate corrective appliance is actually made and fitted. This method of classification is in accordance with the recommendation by the Ministry of Education and its adoption avoids the statistical confusion which would otherwise arise from the possible inclusion of children for whom the extraction of judiciously selected teeth corrects the irregularity in the remaining teeth without the use of a corrective appliance.



## PROVISION OF ARTIFICIAL DENTURES.

Partial dentures (236 upper and 13 lower) were provided for 237 children who, due to accident or extensive decay, had lost sufficient permanent teeth to make a partial denture necessary.

## DENTAL LABORATORY.

Details of the work done for the School Dental Service in the County Dental Laboratory are :—

Number of dentures supplied	.....	253
Number of dentures re-made or repaired	.....	53
Number of removable orthodontic appliances supplied	.....	734
Number of removable orthodontic appliances re-made or repaired	.....	199
Number of fixed orthodontic appliances supplied (see note below)	.....	—
Number of study models supplied	.....	1,564
Number of Special Trays made	.....	11
Number of gold inlays made	.....	1

(Fixed Appliances are constructed at the chair-side by the Orthodontist and are, therefore, not recorded as Laboratory work).

In regard to the staff of the Dental Laboratory, one of the Senior Technicians (Mr. F. Annable) resigned in September on being appointed to the staff of the new dental laboratory established in Nottingham by the Regional Hospital Board. The vacancy thus created was filled by the promotion of Mr. B. C. Hinsley from dental technician to senior dental technician.

Mr. M. J. Treece left the County Laboratory for private employment on completion of his apprenticeship.

These changes resulted in two vacancies (one for a dental technician and one for a dental apprentice) which, although correctly shown as vacancies on 31st December, were in fact filled during the first week of 1961.

## SPECIAL SCHOOLS.

During the year, dental treatment was provided, where necessary, for pupils at the four residential special schools which are administered by the County Education Committee. Treatment for the severely handicapped children at Thieves Wood Special School continues to present its own special difficulties due to the severe degree of infirmity of many of the children concerned and also to the fact that a high proportion of the children have not been able to secure any dental treatment before admission.

## CONCLUSION.

The School Dental Service continues to be seriously affected by the impossibility of being able to find Dental Officers to fill the many vacancies on the staff. The fact that less than ten per cent of dental practitioners are participating in the School Dental Service is a clear indication that, under existing conditions within the profession of dentistry, this Service is relatively unattractive and until this position is altered an efficient School Dental Service of the type envisaged under the Education Acts is not likely to be achieved."

## HANDICAPPED PUPILS

## Educationally Sub-Normal Pupils.

On the 31st December, 1960, there were 177 children awaiting intelligence tests as compared with 180 children at the end of 1959. This waiting list is not excessive and means that a child need never be kept waiting much longer than three or four months for an intelligence test.

During 1960, the policy of arranging for a Medical Officer to call at the school and discuss his recommendation with the Head Teacher, before passing it formally to the Education Department, has been continued. There has been, in the past, some dissatisfaction on the part of the Head Teachers that they have not been consulted but with the present arrangements I feel that the recommendation which goes to Committee is now based not only on the Medical Officer's examination of a child, but also on the discussion which has taken place with the Head Teacher.

The following table gives details of the recommendations :—

Educationally sub-normal—

For special treatment in ordinary class	.....	53
For special treatment in special class	.....	93
For special school	.....	74
Not educationally sub-normal	.....	15
For report to Local Authority—		
Sect. 57(3) Education Act, 1944	.....	29
Sect. 57(4) Education Act 1944 (as amended)		4
Requiring supervision after leaving school	.....	34
Not requiring supervision after leaving school	.....	8
Final decision as to educability deferred	.....	48
		<hr/>
		358
		<hr/>



The Mental Health Act which came into operation in the latter part of the year brought some changes. Statutory supervision of the children after leaving school came to an end. Supervision by the Mental Health Service of these children will continue but only with the consent of the parents. Parents have been given more opportunity to appeal against the decision of the Authority. In general it may be said that the change is from compulsion to persuasion.

The numbers of admissions and discharges at the three residential special schools and the Pleasley Vale Day Special School during 1960 are given in the table which follows, together with the numbers on the waiting lists at the end of the year :—

	No. of Places	Admitted	Dis- charged	Waiting List 31st December	Visits by Medical Officer during year
Hopwell Hall (boys)	96	12	14	99	32
Sutton Fields House (girls)	45	10	8	21	22
Ramsdale Park (girls)	41	9	*8	15	21
Pleasley Vale (boys)	60	15	13	3	20

\*These pupils were transferred to Sutton Fields House.

Each of the four schools has been visited regularly by a Medical Officer who is attached to the School. Through these visits it has been possible to arrange for regular assessment of the children's progress at the school, for regular checking of their physical well-being and for the review of environmental circumstances of the school. It can be said with confidence that no child stays at these schools who is not benefiting from his education there and that no child remains at these schools who would be able to manage in the ordinary school.

Despite our difficulties with the shortage of Speech Therapy Staff, it has been possible to maintain a service in each of the four special schools. This service is valuable not only for its Speech Therapy but also for the added contact the visit gives the children with the outside world. I hope it will be possible to continue the service in 1961.

#### SUTTON FIELDS SCHOOL

Dr. R. S. Male comments :—

“ Sutton Fields House School was originally built as a private residence and was acquired as a residential school by the County Council in 1931. Since the opening of Ramsdale Park in 1950, Sutton Fields has been a school for senior educationally sub-normal girls. It is very pleasantly situated in the vicinity of Sutton Bonington and is very fortunate in being within a few moments walk of Kegworth Station.

The children live in the original house and go out to school in a special block in the grounds. Extensive redecoration of this house has recently been carried out and it is expected that in the very near future the school buildings will be extended.

Children are usually transferred to Sutton Fields from the Junior School at Ramsdale Park and there are very few direct admissions. The school has a complement of forty-five girls and during 1960 was full.

The aim of the school is to enable the girls to progress as far as possible educationally and, perhaps more important, to enable them to live as full and as independent a life when they leave as limited intelligence will permit.

Every effort is made to keep the girls in close contact with normal life. Regular visits are paid to the village, to Loughborough and to Nottingham, and as far as possible the girls are encouraged to make their own way. Contact has been established with other schools in the area and especially with the boys' school at Hopwell Hall.

Physically, the girls are very healthy—it is difficult to see how they could be otherwise in these ideal surroundings. I count myself fortunate in being able to act as Medical Officer for Sutton Fields and would like to acknowledge the help and co-operation which is always so freely given by the Headmistress, the Matron and other staff."

### Other Categories of Handicapped Pupils.

The following table shows the recommendations made in respect of categories of handicapped pupils, other than educationally sub-normal and maladjusted, ascertained during the year :—

	Special Day School	Residential School	Home Tuition	TOTAL
Blind .....	—	3	1	4
Partially Sighted .....	—	3	1	4
Deaf .....	6	2	1	9
Partially Deaf .....	1	1	—	2
Epileptic .....	—	—	1	1
Physically Handicapped .....	8	6	18	32
Delicate .....	20	9	—	29
Speech Defect .....	1	—	—	1
Total .....	36	24	22	82



## THIEVES WOOD RESIDENTIAL SPECIAL SCHOOL.

Thieves Wood School continued to grow in numbers over the year, in spite of staffing difficulties, until by December there were sixty-seven children in the school.

The following table gives a summary of the state of the school on the 31st December, 1960, together with a list of the physical conditions noted amongst the pupils :—

Number of children on the register at 31st December, 1960 67

Nottinghamshire Children ..... 26

Children from the North Midland Region 33

Children from elsewhere ..... 8

Number of children from outside the County seen at

Thieves Wood ..... 17

## NATURE OF DEFECTS.

	<i>Nottinghamshire</i>		<i>Regional and elsewhere</i>		<i>Total</i>	
	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>
Pseudo-hypertrophic Muscular Dystrophy	—	7	2	12	2	19
Amyotonia Congenita	—	1	1	—	1	1
Spina Bifida .....	2	1	1	4	3	5
Cerebral Palsy .....	2	4	4	3	6	7
Paralysis following Poliomyelitis .....	2	2	4	4	6	6
Congenital Heart Disease	—	1	1	—	1	1
Achondroplasia .....	1	—	—	—	1	—
Haemophilia .....	—	1	—	—	—	1
Fragilitas Ossium .....	—	—	—	1	—	1
Congenital Dislocation of the hip .....	—	—	1	—	1	—
Spinal injury .....	—	—	1	1	1	1
Arthrogryposis multiplex	—	1	—	—	—	1
Syringomyelia	1	—	—	—	1	—
Congenital Deformities	—	—	—	1	—	1
	8	18	15	26	23	44

Mr. Waugh, who is the Consultant Orthopaedic Surgeon to the School, and Dr. R. S. Male, who visits regularly, have given me the following report on their work :—

“ Thieves Wood has now almost reached its full complement of children. This is, in itself, a very great achievement and has taken us almost four years. The staffing difficulties have been very worrying indeed and it is with regret that we have to report that, in spite of repeated advertisements, the post of First Assistant Matron remains vacant.

However, these staffing difficulties have meant that the School has had to grow gradually in numbers and I am sure that this has been a very great help both to the educational and medical side of the work.

Dental treatment also has proved very difficult. Not unnaturally, these children have tended to become neglected from the dental point of view since treatment was extremely difficult and often it was impossible for the parents to take the children along to the dentist. However, we can now say that with the very much appreciated help of the County Dental Officer, the condition of the children's teeth is satisfactory.

A high proportion (almost one third) of children in Thieves Wood are suffering from some form of muscular dystrophy and this provides an excellent opportunity for studying the natural history of this disease. Unfortunately, there is neither time nor opportunity for any basic research but an attempt is being made to assess each child's function at least once a term. A *pro forma* has been made which gives a comprehensive picture of a child's disability and illustrates his difficulties in dealing with the simple problems of living, such as brushing teeth or hair. In this way it is hoped that it may be possible to determine, at least in some cases, the rate at which deterioration is taking place. Most ultimately become unable to walk and have to spend a great deal of time in a wheel-chair which they may be unable to propel themselves. They, therefore, need considerable care and attention: the worst have to be lifted from bed to chair and many have to be dressed and bathed. Every effort is being made to study these practical problems and to find simpler and easier ways of helping the children. It is difficult to know at present how much they can benefit from physical treatment. Certainly, while they are still walking, exercises may be of value but in the later stages we have been unable to prevent the rather severe contractures which develop relentlessly. Two other aspects are perhaps of interest. First, these children's bones become thin and fragile and they are far more liable to fracture than in normal children. This, of course, means that they must be handled and looked after with special care. Secondly, there are difficult psychological problems because these children naturally become distressed when they see their friends getting worse and becoming unable to walk.

One other group present a special and difficult problem. Children with spina bifida or paraplegia often have partial or complete loss of sensation and muscular weakness in the legs. Because of this, they may not be able to appreciate that their foot is in contact with a hot radiator or be able to move it away. Burns can, therefore, occur easily and so also can pressure sores.

There are now two Physiotherapists working in the School and excellent work is being done for those children who can be helped. We also have had close contact with the Occupational Therapy Department at Harlow Wood. Special gadgets have been



designed and made for children and in one case, for example, have enabled a boy to feed himself relatively easily, which exercise he was unable to perform before. The co-operation with this and other departments at Harlow Wood has continued to be of very great benefit to the children in the school.

We would like to take this opportunity of thanking the Head Teacher, the Matron, and the staff for the help which is so readily given."

#### HOME TUITION.

Home Tuition is recommended only when other methods of education are impracticable and then, wherever possible, as a temporary measure. Where the need is a continuing one, the medical condition and other circumstances are carefully reviewed from time to time.

#### STATISTICS.

Receiving tuition	Recommended	Terminated	Receiving tuition
January 1960	in 1960	in 1960	January 1961
21	26	21	26

#### SPECIAL TRANSPORT.

Transport to school was provided on medical grounds for forty-three handicapped pupils, of whom twenty-two were conveyed, at no additional cost, in vehicles already provided by the Authority for pupils living beyond walking distance from their school. Special transport arrangements were made for the remaining twenty-one pupils.

In addition to children needing long term transport, this year has seen the provision of short term transport for children who have been discharged from hospital and yet are not sufficiently recovered to be able to make the journey to school without help. In these cases, provision of transport for a few weeks is very much appreciated by parents and by school.

#### BERRY HILL OPEN AIR SCHOOL.

The Berry Hill Open-Air School provides facilities for delicate children in the West Nottinghamshire Divisional Executive area. The School is visited by Dr. J. S. Drummond and each child is examined once a term.

During the year twenty-seven pupils were admitted and twenty-seven were discharged either on attaining school leaving age or on transfer to an ordinary school. On the 31st December, 1960, 100 pupils were on the school register.

The successful running of this School is materially assisted by the supervision of the health of the pupils by Dr. Drummond who has submitted the following interesting comments :—

" It was noticeable during the year that there seemed to be a greater proportion of retarded children among the pupils admitted. Into one class as many as a dozen children who could not read at all

were admitted yet, by patient coaching assisted by improvement in physical and mental well-being and regular attendance, satisfactory progress was made in this accomplishment. The physical and mental improvement which attendance at this special school confers helps the struggling, bewildered and almost defeated child over his educational hurdles. The helpful atmosphere of the school encourages the shy, reserved or timid child who has been overwhelmed by the hurly-burly and robustness of the ordinary school to lose his inhibitions and regain his confidence. Many of these children come to us labelled 'general debility' and with a history of recurring vague illnesses and frequent absences from their ordinary school. In this Open Air School, although we are lively within our physical limits, these children do not feel out of it and, helped by the other children, they quickly lose their phobias, regain their health and become regular attenders. In due time they return to their former school and do quite well.

All the children who come to the school are by no means duffers. We do have our scholastic successes. One of the boys has gone to a Secondary Technical School through the 13+ transfer system.

The Chess Club won all its matches and this school has been a pioneer in the formation of the Mansfield Schools' Chess League. Our scholars may not be much good at putting the weight or tossing the caber but nobody can deny their invincible prowess at chess.

Respiratory diseases are by far the commonest single group at the school and consequently everything is done to encourage these children to breathe properly and use their lungs. Recorder playing and choral singing are encouraged and physiotherapy and remedial exercises give additional help. The school choir was highly commended at the Mansfield Schools' Musical Festival—a fine achievement indeed for a choir largely composed of Bronchitics, Asthmatics and Bronchiectatics.

This year we have introduced a comprehensive time-table for remedial physical education under the guidance and supervision of the Physiotherapist. This has considerably improved the well-being, carriage and general health of the children. Indeed, since the appointment of the Physiotherapist and the introduction of physiotherapy, the value of this school to the delicate and physically handicapped child has increased greatly, but the work is being handicapped by the lack of suitable accommodation. It is to be hoped that this year will see the physiotherapy section properly housed.

And what about the Infants? May I once more make a plea for a new Infant Department. This school just has not got one and it is long overdue."



## Nature of Defects.

## CIRCULATORY

Congenital Heart .....	6
Arrhythmia .....	1
Anaemia .....	2
Henoch's Purpura .....	1
Elephantiasis .....	1

## NUTRITIONAL

General Debility .....	21
General Debility with	
Eczema .....	1
Debility (Post Burns) .....	1
Subnormal Nutrition .....	2

## NERVOUS SYSTEM

Spastic Paralysis .....	3
Spastic Diplegia .....	1
Hemiplegia .....	2
Paralysis (Post Polio) .....	2
Cerebral Tumour (Post	
operation) .....	1
Muscular Dystrophy .....	1
Von Recklinghausen's	
Disease .....	1

## RESPIRATORY

Bronchitis .....	20
Bronchitis with	
Bronchospasm .....	4
Bronchitis with Asthma .....	3
Bronchitis with Infantile	
Eczema .....	1
Asthma .....	6
Asthma with Infantile	
Eczema .....	2
Bronchiectasis .....	10
Pleurisy .....	1
Sinusitis .....	1

## TUBERCULOSIS

Pulmonary .....	1
Glands (Cervical) .....	1
Contact .....	1

## SKELETAL

Spina Bifida .....	1
Congenital Deformities	
(Multiple) .....	1

## Hostels for Maladjusted Pupils.

The treatment of certain maladjusted children by residential care continued throughout the year. The Grove Hostel at Balderton, which is maintained by the Authority, carried on its valuable work and members of the Child Guidance Team paid regular visits in the general supervision of County pupils. Whenever possible, Dr. Ratcliffe, the Children's Psychiatrist, attends meetings of the Management Committee. The Hostel accommodates girls of school age and boys up to the age of eleven years. At the end of the year there were thirteen children on the roll.

Under the reciprocal arrangements with the City of Nottingham Authority, two pupils from the County area were admitted to a Hostel maintained by the City Authority.

CONVALESCENCE

On the recommendation of the Authority's Medical Officers, forty-nine pupils were provided with free holiday convalescence during the year as shown below. The selected cases were those where rest, good food and fresh air were essential to recovery—as distinct from convalescence provided through the National Health Service where active medical treatment is also involved.

Convalescence brings other benefits in its train and Dr. McCann of Worksop comments :—

“ Once again I wish to comment on the improvements in health which usually follow the removal to Convalescent Homes of children who are debilitated as the result of illness or malnutrition.

That malnutrition can still exist, was shown recently in a family in this town. The family is a problem one in the most urgent sense of that term. The father is continually out of work because of laziness and general lack of responsibility. There are eleven young children in the family and they all look under-nourished and stunted in growth.

Several Conferences were held at which the Assistant Children's Officer, the General Practitioner, the District Welfare Officer, the Health Visitor and myself attended. The opinion was expressed at one of these meetings that the children were ‘ weeds sprung from weeds ’ and were naturally wiry.

During the mother's last confinement, four of the younger children were removed to a Convalescent Home for a period of about eight weeks and on their return to Worksop the improvement in health was most marked. They had all gained some eight or nine pounds in weight, were taller, and had better colour.

Malnutrition may still be overlooked if one is given an assurance that the children are naturally wiry. It may, of course also be found in many older persons living alone, who have lost interest in cooking meals for themselves.

In general the reaction of parents towards Convalescent Homes is one of pleasure and satisfaction. The frequent comment is ‘ I wish there were places like that for us ! ’ ”

The Ormerod Convalescent Home, St. Anne's-on-Sea, Lancs.	.....	2
The Charnwood Forest Convalescent Home, Woodhouse Eaves, Near Loughborough	.....	23
The Roecliffe Manor Convalescent Home, Woodhouse Eaves, Near Loughborough	.....	24
		<hr/> 49 <hr/>



The Orermod Convalescent Home at St. Anne's on Sea was used for the first time this year. One of my Medical Officers, who was on holiday in the area, was able to visit the Home before the children were admitted and was satisfied of its suitability.

In addition seven children attended a holiday camp organised by the British Diabetic Association, and two children were sent for a holiday organised by the British Epilepsy Association.

## OTHER INCIDENTAL SERVICES

### Employment of School Children.

In accordance with the Children and Young Persons Act, 1933, and the Committee's Bye-Laws, Medical Officers issued 1,630 medical certificates in connection with the part-time employment of pupils. This is an increase as compared with 1959 when 1,319 children were examined.

### Youth Employment Service.

The liaison with the Youth Employment Officer continues.

In 1960, a conference was held with the Youth Employment Officers and this was attended by Dr. Male. It was agreed that various small changes should be made in the method of giving reports to the Youth Employment Officers, and it is hoped that as a result of this they will be furnished with more information than they have previously had on children with defects.

### Other Medical Examinations.

#### SPECIAL EXAMINATIONS.

In addition to the special examinations recorded elsewhere in the report, 316 examinations were carried out, most of them in connection with suspected defects requiring special medical or educational consideration and for irregular attendance or non-attendance at school.

## INFECTIOUS DISEASES

When a Head Teacher has reason to believe that a pupil may have contracted an infectious disease, the fact is reported at once both to me and to the District Medical Officer of Health. This enables prompt action to prevent the spread of infection and I am grateful to Head Teachers for the help they have given in 1960.

#### WORK CARRIED OUT BY SCHOOL NURSES IN CONNECTION WITH THE CONTROL OF INFECTIOUS DISEASES DURING 1960.

Visits to Schools	.....	.....	.....	724
Visits to Pupils' Homes	.....	.....	.....	1,378

NUMBER OF CASES OF INFECTIOUS DISEASES REPORTED AS OCCURRING  
IN SCHOOLS DURING 1960 TOGETHER WITH COMPARABLE FIGURES FOR 1959.

					1960	1959
Food Poisoning	.....	.....	.....	.....	25	78
Scarlet Fever	.....	.....	.....	.....	382	594
Diphtheria	.....	.....	.....	.....	—	—
Measles	.....	.....	.....	.....	2,831	2,345
German Measles	.....	.....	.....	.....	28	36
Whooping Cough	.....	.....	.....	.....	335	200
Mumps	.....	.....	.....	.....	881	350
Chicken-pox	.....	.....	.....	.....	585	579
Poliomyelitis	.....	.....	.....	.....	1	—
Jaundice	.....	.....	.....	.....	8	8
Dysentery	.....	.....	.....	.....	545	348
Meningitis	.....	.....	.....	.....	2	6
Pneumonia	.....	.....	.....	.....	23	18

This is the eleventh year in which there have been no cases of Diphtheria. However, during 1960 there have been several cases of Diphtheria in neighbouring areas, and it is again necessary to stress the importance of immunisation for all children. Immunisation against Diphtheria is almost 100% proof against the possibility of a severe attack of the disease.

Attempts were made during the year to bring the immunisation state of the special schools up to date.

There was one case of Poliomyelitis during 1960 in a school child. Here again I think we may now assume that the Poliomyelitis immunisation is proving an effective means of protection against this disease and with regard to school children the response to immunisation has, on the whole, been satisfactory.

Whooping Cough has again shown a rise as compared with the previous year. This is not usually a severe disease in school children, though it does cause serious illness in young babies.

Sonne Dysentery as a rule is not a serious disease, but is very unpleasant for the children for a few days. I must emphasise as last year that it is an entirely preventable disease if children and adults would use adequate standards of hygiene. In some areas in the County, toilet accommodation is still far from what it should be. However, the brightest and glossiest toilets are no substitute for the adequate washing of the hands after going to the toilet.



### **Poliomyelitis Vaccination.**

During 1960 it was possible to complete the vaccination of school children in the County, where the parents requested this. The acceptance rate in respect of children for vaccination against Poliomyelitis at the 31st December, 1960 was approximately 80% and it does seem that we are beginning to see results in the fact that amongst school children there was only one case of Poliomyelitis during 1960. Great credit is due to all who have co-operated so well in this work and particularly to the District Medical Officers of Health.

The following information shows the work carried out during the year with regard to children born during the years 1943-1960 :—

Number who completed vaccination with two injections during 1960 .....	11,424
Number given a first injection only .....	10,817
Number registered and awaiting vaccination on 31st December, 1960 .....	2,355

### **B.C.G. Vaccination of School Children.**

The year 1960 saw B.C.G. vaccination get into full stride in the County. As a result of the Adrian Committee Report, it was decided to abandon the routine X-raying of school children and it is to be hoped that B.C.G. vaccination will replace this. The vaccination takes place in the thirteen year old age group. Skin tests were carried out on 11,007 children during the year and 8,665 were found to need vaccination. Of these 8,617 were vaccinated. Where it is found on testing that children do not need vaccination because they have been previously infected with tuberculosis, arrangements are made to X-ray these children in order to check that there is no evidence of active Tuberculosis remaining.

## **HEALTH EDUCATION**

The following report, touching upon the work of the Health Education Service, as it affects school children, has been submitted by Mr. A. H. Marrow, the County Health Education Officer :—

“ During the past year it has been possible to carry out much more work in the schools at the request of Head Teachers. This is a welcome development and it is hoped that the demand will continue and will expand. Six of the talks given to youngsters dealt specifically with the Problems of Smoking, whilst in at least twenty-four other talks prominent mention has been made of the probable bad effects of acquiring early this dangerous habit. Nevertheless, it should be clearly accepted that no amount of threat of disease in later life will prevent some young people from starting to smoke. In consequence, much time has been given at talks on the subject for the children themselves to discuss the reasons for smoking as

well as its bad effects other than the probable causation of lung cancer. It should be remembered that social and commercial pressures upon the young to encourage smoking are indeed considerable. It is as well also to remember that parents of some children are tobacco workers or are in auxiliary employment.

## SCHOOL CHILDREN.

### IN SCHOOLS.

In six areas, fifty-three talks were given in schools to boys and girls numbering approximately six hundred and sixty. Attendances totalled 1,732. The subjects of these talks and discussions included :—Personal Hygiene and Cleanliness, Care of Teeth, Care of Hair, Menstruation Hygiene, Good Posture, Care of Feet, Physiology of Sex and Reproduction, Heredity, Problems of Growing Up, Smoking and its Effects, and the Health Services.

Some of these talks were illustrated by sound films including 'Care of Teeth' and 'Growing Girls.' Almost all talks were illustrated by the use of diagrams and models as well as, in some cases, X-ray plates and film-strips.

Thirty-one of these talks were given by the Health Education Staff; nineteen were given by Health Visitors and School Nurses and three by School Medical and Dental Officers.

### IN OTHER GROUPS.

Talks, separate and in courses, numbering fifty-seven were given to approximately four hundred and forty young people in eight areas with more than one thousand attendances. The topics on these occasions included :—Responsibility for Health, Problems of Adolescence, Physiology of Sex and Reproduction, Care of Feet, Mental Health, Smoking and its Effects, Elementary Physiology and Anatomy, Maintenance of Good Health, Development of Good Posture, Food and Nutrition, First Aid on the Farm, and Heredity.

Illustrative material including models, anatomical specimens, diagrams, X-ray Plates, film-strips, and even live subjects were used at most of these talks. In addition, the following sound films were used at some meetings :—'Care of Feet,' 'Care of Teeth,' 'Foods and Nutrition,' 'Digestion of Foods,' 'Mechanisms of Breathing,' 'Growing Girls,' 'Reproduction in Mammals,' and 'Heredity.'

Fifty-five of these talks were given either by myself or by Mr. Wass, the Assistant Health Education Officer. The remaining two were given by other members of the departmental staff.



## PARENT-TEACHER AND OTHER ADULT GROUPS.

In general, it may be said that a very large proportion indeed of all the Health Education carried out in the County is directed to the child no less than to the adults. A great proportion of the work with adult groups is, however, specifically concerned with the health and well-being of the school-child. This work included eighteen talks given to some four hundred and eighty parents and other adults in fifteen area organisations. The topics dealt with in these meetings covered a wide range and included :—Sex Education, Physiology of Sex and Reproduction, Health of the School Child, Problems of Adolescents, Problems of Children's Sleep, Mental Health of the Child, Work of the School Nurse, the School Health Service and its kindred subjects. Sound-films to illustrate the talks included some of those already mentioned as well as 'Your Children's Eyes,' 'The Body's Defences Against Disease,' 'Immunisation' and 'Surprise Attack' (Vaccination)."

## SCHOOL HYGIENE

Medical Officers continued to carry out inspections of the general hygiene of school premises on the occasion of their visits to perform routine medical inspections, and unsatisfactory conditions were reported to the Director of Education.

In addition to these inspections, Mr. G. H. Earnshaw, the County Health Inspector, makes regular visits to schools and school kitchens throughout the County to advise on the hygiene arrangements.

Mr. Earnshaw has submitted the following comments :—

### " SCHOOL PREMISES.

During the year many visits were made to schools throughout the County area regarding the general hygiene of premises and where necessary reports were rendered to the Director of Education.

A number of check water samples were taken at certain schools and were examined by the Public Health Laboratory, Nottingham, but the results, in all cases, were satisfactory and called for no further action. Considerable progress has been noted in the provision of hot water to wash basins and is a most welcome improvement.

At the close of the year the long awaited water main had been laid to Willoughby-on-the-Wolds and within a few weeks individual connections were due to be made to houses and to the school. I feel that the opportunity should be taken here to give a well deserved 'Thank You' to the Basford Rural District Council for including the school in their 'carted' water service over a very long period.

Several villages had their main drainage schemes completed during the year and this gave the opportunity to abolish some very primitive toilets at a number of schools.

All the Rural District Councils have extensive future programmes for the provision of main drainage and in most cases where there are schools they too will benefit.

#### SCHOOL MEALS.

Visits to school kitchens were made throughout the year regarding general sanitary conditions and to ensure compliance with the Food Hygiene Regulations.

The standard maintained was generally satisfactory and minor criticisms were easily dealt with by personal advice.

#### SCHOOL MILK.

During the year, 127 samples of school milk representing all sources of supply were taken at schools throughout the area and submitted to the statutory tests. In all cases results were satisfactory.

#### SPECIAL SCHOOLS.

As in previous years, routine visits were made to all the Special Schools of the Authority, and where these establishments have their own sewage treatment plant, samples of effluent were taken for chemical examination.

In two instances where results indicated a need for special attention, the plants were overhauled."

### **New Schools and Additions and Improvements to School Premises.**

During the year, twenty projects or instalments of projects were completed and taken into occupation. These comprise :—

One Secondary Modern School, and one instalment of a new Secondary Modern School.

Two Primary Schools, and one instalment of a new Primary School.

Major extensions at six Grammar, one Secondary Technical, one Secondary Modern and seven Primary Schools.



Additions and improvements were carried out to the premises at eleven schools as follows :—

SCHOOL	NATURE OF WORK
Burton Joyce County Primary .....	Improvements to hot water services.
Newark Parish C. of E. Secondary	Hot water services in classrooms.
Selston Bagthorpe County Primary	Improvements to heating system.
Walesby C. of E. ....	Conversion of out-offices.
Beeston Fields County Junior and Infants' ....	Improvements to heating system.
Bunny Primary .....	Provision of hot water plant.
Bunny Primary .....	Conversion of out-offices and drainage.
Collingham County Girls' and Infants' .....	Provision of hot water service.
Southwell Holy Trinity .....	Sanitary improvements.
Carburton C. of E. ....	New sanitary accommodation and drainage.
Clarborough County Primary .....	New W.C.'s and drainage.
East Retford Sir Frederick Milner County Secondary .....	Improvements to hot water.

### SCHOOL MEALS SERVICE AND MILK IN SCHOOLS SCHEME

The following report and statistics have been contributed by the Director of Education :—

“ The demand for school meals has continued to increase and, during the year 1959/60, reached a record total of 8,044,228. The percentage of children taking meals is also the highest ever recorded and it is perhaps significant that the increase applies not only to Secondary School pupils, many of whom have long distances to travel, but also to Juniors and Infants.

Seven new kitchens opened, bringing the total to 135, twenty-two of which are ‘ Central ’ kitchens whose primary function it is to serve schools with container meals.

All seventeen supervisors and cooks entered by the Authority for the East Midland Educational Union Large Scale Cookery Examinations were successful and only three out of seventeen failed the more difficult City and Guilds No. 151 Catering Examination. Advanced training is of importance as the quality and presentation of meals and the ability to ensure that the children receive the maximum nutritional value are largely dependent upon the skill and ability of the supervisory staff.

Approval has now been obtained to install stainless steel sinks as standard equipment for new kitchens and as replacements for existing sinks as necessary.

In 1959, 37,281 children per day had meals and 74,948 had school milk. The figures for 1960 are given below :—

	Meals (pupils only)		Milk	
	Daily average	% of pupils	Daily No.	% of pupils
Secondary Schools	18,587	53%	24,369	69%
Primary Schools	20,479	39%	47,329	90.5%
Nursery Schools	72	100%	72	100%
Independent Schools	—	—	3,272	88%
All Schools	39,138	44%	75,042	82%”

### PHYSICAL EDUCATION

The Director of Education has submitted the following report from the Senior Physical Education Adviser :—

“ Despite the severe handicap of shortage of Headquarter P. E. Staff, this year has seen the maintenance of the basic work. It is pleasing to report that teachers in both Primary and Secondary Schools have voluntarily given much time in attending courses which have been arranged for them and they have shown very clearly that the subject is in keen and reliable hands. Consolidation has been the keynote. Further experiment with new apparatus, both portable and fixed, has continued and much experience has been gained on the one hand by the teachers in technique and teaching method, and on the other hand, by pupils who have enjoyed the new challenges presented to them and the opportunities which experiment has provided.

It is in the wider aspects of the subject that changes have occurred to a degree undreamed of some ten years ago. There have been two main contributory factors.

Perhaps the more important has been the increasing awareness on the part of the Authority and its staff, most nobly supported by the teachers in the schools, that the future generation must be trained while at school in a number of sports other than, and in addition to, the normal national major games. The value of this development has been most closely scrutinised and its acceptance has been built on firm foundations. Its adoption has necessitated many hours of exacting work and effort on the part of teachers, nearly all of which falls outside the normal school hours. This extension, although in the majority of cases originated and controlled by the specialist P. E. Staff, cannot be undertaken by them alone. Time, effort and experience in such a wide range of activities



cannot be produced by such a small body of men and women within the teaching profession. It is most gratifying to be able to report that numerous teachers whose qualifications are chiefly academic and who were originally appointed to the schools because of them, have welcomed the opportunity to pass on the pleasures they themselves have gained and give freely and fully both of their time and skill to a number of sports. It is most stimulating to see a group of sixty men and women teachers from the County gathering together for four days of their holiday to receive advanced instruction and training in sailing at a County centre using twenty-four of the forty-three boats built and maintained in the schools. It is even more impressive when it is realised that of the sixty attending only twenty-three were recognised P. E. teachers. To take yet another example, thirty men and women teachers devoted seven days of a holiday to attend a teachers' camping course held in the County. This year nineteen camp units have been held in Nottinghamshire each lasting not less than ten days in all and each catering for thirty boys or girls. Many additional lightweight camps of a weekend's duration have also been undertaken.

The question of fabric and facilities, is one of long standing. It is receiving much earnest consideration and the enormous building programme which is being undertaken is presenting opportunities too good to miss. Nottinghamshire has taken this opportunity and has broken away from the traditional provision of the 70-ft  $\times$  40-ft. gymnasium in which all physical activities other than the games lesson and the seasonal swimming lesson were expected to be undertaken. A reduced, fully equipped, heated and lit gymnasium of 50-ft.  $\times$  40-ft. is now provided. The cost savings thus made have gone to the construction of a covered and enclosed games area of 4,500 sq. ft. which is linked to the gymnasium. This area is artificially lit enabling it to be used in after-school hours by the school and later in the evening by youth organisations, teams and clubs. It is especially designed for a wide variety of games. Linked with this covered games area, are the hard tennis courts, the bituturf practice cricket wickets and the field event athletic training area. These provisions lead on to the expansive well grassed level playing fields some of which contain a six lane cinder athletic track.

The teaching of swimming has long been severely handicapped in this County by the lack of reasonable facilities in which this activity can be undertaken. The Education Committee have been giving much thought to this pressing need and well appreciate the present paucity, realising at the same time the strenuous efforts which have been made to use to the maximum those baths which do already exist. Very considerable sums of money are spent each year in transporting boys and girls long distances to enable them to receive this excellent training. Pupils are even taken out of the County in order to benefit from baths which exist in four neighbouring Counties, while others turn inwards to visit the pools which are sited within the City boundaries of Nottingham. The use of

these baths by Nottinghamshire is lessening year by year, for each host area is becoming increasingly efficient in using its own facilities and naturally expands at the expense of our pupils. This is only to be expected and it is to obviate the decline in opportunity, the cost of transport and the loss of educational time, that the Committee have now considered and adopted a long term planning programme for swimming bath provision.

Basically this scheme will, by various methods, enable most schools to have baths sited within reasonable distance and will in time ensure that they can receive a continuous and efficient programme of instruction in this branch of their education. In broad outline, the Authority have adopted a 3-type provision of bath. This follows the needs which exist. Firstly, small single-depth teaching pools are required where pupils from the age of 8+ can receive the first introduction to the new media, and become swimmers. This should essentially be for the Primary Schools but with present difficulties it will for some years also involve the Secondary Schools. With the passage of time, however, this will gradually decrease. Secondly, the older pupils in all forms of Secondary Schools will need larger baths in which to develop their newly learned skills. Watermanship, speed swimming, life saving and endurance swimming will become the needs of these older boys and girls. Finally, with greater ability, more opportunities, and more advanced instruction, inter-school regional and even national competition will follow. These ultimate aims require large competition baths with facilities for water polo, diving and racing.

It has been decided to plan for a small learners' bath centrally sited at the hub of a number of Primary Schools. The natural centre is at the Secondary School which serves these Primary Schools and where the younger pupils look to the future for their normal educational development. Here too will be sited the larger bath needed for the older pupils. This arrangement lends itself to economy both in planning, travelling and servicing—for all baths will be covered, heated, filtered and chlorinated. The large competition bath is somewhat naturally outside the financial resources of the educational field. To achieve these competition baths however, the Local Education Authority will help local Urban Districts and Borough Councils to finance such projects, in return for adequate usage. Where such a bath is forthcoming the larger school bath will of course be dispensed with and this provision used in its stead. Plans for two competition baths are now being considered, while advanced planning is also nearly complete for baths at four school sites which are to be developed in the next year or two.



It is sincerely and confidently hoped that this 'small bath' snowball will grow with each cycle of building until every child in the County has ceased to be a danger unto himself and a liability to others, for the perils of natural water exist in great frequency in this County.

An increasing number of pupils in the County now have the security of hygienic laundry-washed P. E. clothing, individual P. E. footwear, and ideal facilities in which to develop self control, courage, determination and skill and pleasurable achievement. It is with confidence that we look forward to them becoming youths and adults having high ideals and good standards in physical activities."

**STATISTICAL TABLES**  
**Year ended 31st December, 1960**

Table 1.

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS).**

**A.—Periodic Medical Inspections**

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. (2)	No.	% of Col. (2)
		(3)	(4)	(5)	(6)
1956 and later	97	97	100	—	—
1955	3,975	3,965	99.75	10	0.25
1954	4,007	3,989	99.55	18	0.45
1953	417	415	99.52	2	0.48
1952	241	240	99.59	1	0.41
1951	197	196	99.49	1	0.51
1950	7,249	7,233	99.78	16	0.22
1949	587	586	99.83	1	0.17
1948	285	285	100	—	—
1947	1,386	1,386	100	—	—
1946	2,374	2,369	99.79	5	0.21
1945 and earlier	4,758	4,744	99.71	14	0.29
TOTAL	25,573	25,505	99.73	68	0.27



TABLE I—*continued*.**B.—Pupils found to require Treatment**

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II (3)	Total individual pupils (4)
1956 and later	2	12	13
1955	129	404	496
1954	112	456	536
1953	19	51	65
1952	9	19	23
1951	7	10	16
1950	501	609	1,033
1949	49	45	90
1948	20	23	40
1947	217	141	304
1946	248	185	372
1945 and earlier	546	301	787
TOTAL	1,859	2,256	3,775

**C.—Other Inspections**

Number of Special Inspections	.....	.....	15,343
Number of Re-inspections	.....	.....	4,866
Total	.....	.....	<u>20,209</u>

**D.—Infestation with Vermin**

(i)	Total number of individual examinations of pupils in the schools by the school nurses or other authorised persons	.....	.....	.....	.....	232,428
(ii)	Total number of individual pupils found to be infested	.....	.....	.....	.....	2,252
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	.....	.....	.....	.....	62
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	.....	.....	.....	.....	Nil



Table II.

**RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE  
YEAR ENDED 31st DECEMBER, 1960.**

Symbol (T) denotes pupils found to require treatment and

Symbol (O) pupils found to require observation.

**A.—Periodic Inspections**

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin .....	103	87	152	20	198	46	453	153
5	Eyes—(a) Vision .....	278	640	789	121	792	288	1,859	1,049
	(b) Squint .....	164	80	64	17	106	29	334	126
	(c) Other .....	23	19	10	7	23	16	56	42
6	Ears—(a) Hearing .....	61	110	28	27	53	69	142	206
	(b) Otitis Media .....	58	118	27	19	43	21	128	158
	(c) Other .....	15	34	16	9	25	9	56	52
7	Nose and Throat .....	257	806	51	41	105	255	413	1,102
8	Speech .....	76	158	11	2	33	34	120	194
9	Lymphatic Glands .....	14	172	3	3	4	24	21	199
10	Heart .....	23	93	27	38	20	64	70	195
11	Lungs .....	48	239	27	39	41	100	116	378
12	Development—								
	(a) Hernia .....	20	34	1	2	13	15	34	51
	(b) Other .....	18	206	13	17	37	140	68	363
13	Orthopaedic—								
	(a) Posture .....	6	41	10	20	12	39	28	100
	(b) Feet .....	62	169	12	34	37	98	111	301
	(c) Other .....	65	212	46	45	58	133	169	390
14	Nervous System—								
	(a) Epilepsy .....	8	10	14	6	10	9	32	25
	(b) Other .....	21	71	6	8	19	37	46	116
15	Psychological—								
	(a) Development .....	3	70	2	16	13	46	18	132
	(b) Stability .....	14	131	10	15	27	77	51	223
16	Abdomen .....	15	31	2	2	1	5	18	38
17	Other .....	4	18	7	12	12	13	23	43

TABLE II.—*continued.***B.—Special Inspections**

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin ....	2,598	158
5	Eyes—(a) Vision ....	1,081	553
	(b) Squint ....	181	75
	(c) Other ....	278	33
6	Ears—(a) Hearing ....	393	257
	(b) Otitis Media ....	132	97
	(c) Other ....	238	34
7	Nose and Throat ....	638	758
8	Speech ....	207	158
9	Lymphatic Glands ....	15	130
10	Heart ....	115	177
11	Lungs ....	205	331
12	Developmental—		
	(a) Hernia ....	25	28
	(b) Other ....	85	363
13	Orthopaedic—		
	(a) Posture ....	42	96
	(b) Feet ....	136	210
	(c) Other ....	129	279
14	Nervous System—		
	(a) Epilepsy ....	26	48
	(b) Other ....	54	94
15	Psychological—		
	(a) Development ....	64	138
	(b) Stability ....	120	169
16	Abdomen ....	8	16
17	Other ....	1,089	137



Table III.

**TREATMENT OF PUPILS ATTENDING MAINTAINED AND  
ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING  
NURSERY AND SPECIAL SCHOOLS).**

**Group 1.—Eye Diseases, Defective Vision and Squint.**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .....	257
Errors of refraction (including squint)	*8,821
Total .....	<u>9,078</u>

Number of pupils for whom spectacles were prescribed .....	3,841
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**Group 2.—Diseases and Defects of Ear, Nose and Throat.**

Received operative treatment—

(a) for diseases of the ear .....	—
(b) for adenoids and chronic tonsillitis .....	1,218
(c) for other nose and throat conditions .....	5
Received other forms of treatment .....	1,207
Total .....	<u>2,430</u>

Total number of pupils in schools who  
are known to have been provided  
with hearing aids—

(a) in 1960 .....	15
(b) in previous years .....	50

\*This figure does not include children attending Orthoptic Departments at Hospitals.

TABLE III.—*continued.***Group 3.—Orthopaedic and Postural Defects (excluding fractures).**

	Number of cases known to have been treated
(a) Pupils treated at clinics or out- patients departments .....	224
(b) Pupils treated at school for postural defects .....	17
Total .....	<u>241</u>

**Group 4.—Diseases of the Skin (excluding uncleanliness, for which see Table I D.).**

Ringworm (i) Scalp .....	2
(ii) Body .....	14
Scabies .....	15
Impetigo .....	114
Other skin diseases .....	1,666
Total .....	<u>1,811</u>

**Group 5.—Child Guidance Treatment.**

Pupils treated at Child Guidance Clinics	721
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**Group 6.—Speech Therapy.**

Pupils treated by Speech Therapists .....	978
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**Group 7.—Other Treatment given.**

	Number of cases known to have been dealt with
(a) Pupils with minor ailments .....	557
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	49
(c) Pupils who received B.C.G. vac- cination .....	8,838
(d) Miscellaneous .....	2,622
Total .....	<u>12,066</u>



Table IV.

# **DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.**

(1)	Number of pupils inspected by the Authority's Dental Officers—		
	(a) At Periodic Inspections	.....	30,358
	(b) As Specials	.....	5,757
	Total (1)	.....	36,115
(2)	Number found to require treatment	.....	29,890
(3)	Number offered treatment	.....	20,724
(4)	Number actually treated	.....	13,040
(5)	Number of attendances made by pupils for treatment, including those recorded at 11(h)	.....	28,150
(6)	Half-days devoted to :		
	(a) Periodic (School) Inspection	.....	286½
	(b) Treatment	.....	3,824
	Total (6)	.....	4,110½
(7)	Fillings :		
	(a) Permanent Teeth	.....	5,730
	(b) Temporary Teeth	.....	390
	Total (7)	.....	6,120
(8)	Number of Teeth filled :		
	(a) Permanent Teeth	.....	5,344
	(b) Temporary Teeth	.....	372
	Total (8)	.....	5,716
(9)	Extractions :		
	(a) Permanent Teeth	.....	7,460
	(b) Temporary Teeth	.....	16,351
	Total (9)	.....	23,811
(10)	Administrations of general anaesthetics for extractions	.....	3,471
(11)	Orthodontics :		
	(a) Cases commenced during the year	.....	383
	(b) Cases carried forward from previous year	.....	619
	(c) Cases completed during the year	.....	210
	(d) Cases discontinued during the year	.....	124
	(e) Pupils treated with appliances	.....	1,002
	(f) Removable appliances fitted	.....	677
	(g) Fixed appliances fitted	.....	17
	(h) Total attendances	.....	4,426
(12)	Number of pupils supplied with artificial teeth		237
(13)	Other operations :		
	(a) Permanent Teeth	.....	2,490
	(b) Temporary Teeth	.....	1,735
	Total (13)	.....	4,225















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